SunCountry
HEALTH REGION

Annual Report for 2014-15

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Letter of Transmittal

July 11, 2015

The Honourable Dustin Duncan,
Minister of Health

Dear Minister Duncan,

Sun Country Regional Health Authority is pleased to provide you and the residents of the health region with its 2014-15 annual report. This report provides the audited financial statements and outlines some of the activities and accomplishments of the Region for the year ended March 31, 2015.

Sun Country Regional Health Authority enjoyed many successes during the fiscal year, including the opening of two new health care facilities. The new Radville Marian Health Centre and the new Kipling Integrated Health Centre provide the people of both of those communities with acute and long term health care in beautiful new facilities.

Our success is greatly attributed to the dedication and commitment of our staff members and doctors, in whom our residents entrust their care.

Respectfully submitted,

Marilyn Charlton
Chair
Sun Country Regional Health Authority

Introduction

This Annual Report presents some of the Regional Health Authority's activities and results for the fiscal year ending March 31, 2015. It reports on the public commitments made and other key accomplishments of the RHA.

Results are provided on the publicly committed strategies, actions and performance measures identified in the annual strategic plan. This report also demonstrates progress made on RHA commitments.

The 2014-15 Annual Report provides an opportunity to assess the accomplishments, results, lessons learned and to identify how to build on past successes for the benefit of the people in the Sun Country Health Region.

The RHA has confidence in the reliability of the information gathered by the organization to fulfil its corporate responsibility to inform the Ministry of Health and the public. Audited financial statements are included, as well as information gained during improvement projects that will move the Region toward Better Health, Better Care, Better Teams and Better Value and assist the staff to develop patient-and family-centred care.

Health officials from Sun Country Health Region met with municipal and provincial officials and members of the public at a ribbon-cutting ceremony to officially open the new Kipling Integrated Health Centre on Friday, March 13., 2015. From left to right are Marilyn Charlton, Chair, Sun Country Regional Health Authority; Greg Ottenbreit, Rural and Remote Health Minister; Anne Iluk, long term care resident of the new facility; Allan LaRose, Chair, Kipling District Health Foundation; Marga Cugnet, President and CEO, Sun Country Health Region.

Alignment with Strategic Direction

Sun Country Health Region (SCHR) goals align with those of the Saskatchewan health system. All of SCHR's activities and directions reflect the goals created by the Provincial Health Leadership Team as the means to meet its mandate.

2014-15 Health System Priorities

Five-year Outcomes

- By March 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions (diabetes, coronary artery disease, chronic obstructive pulmonary disorder, depression, congestive heart failure and asthma).
- By March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change.
- By March 2019, there will be increased access to quality mental health & addiction services and reduced wait time for outpatient and psychiatric services.
- By March 31, 2019, there will be a 50% decrease in wait time for appropriate referral from primary care provider to all specialists or diagnostics.
- By March 31, 2017 no patient will wait for care in the emergency department.
- By 2018, there will be a 50% reduction in inappropriate services.
- By March 2017, as part of multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth rate by 1.5% per year.
- By March 2017, all infrastructures (information technology, equipment and facilities) will integrate with provincial strategic priorities, be delivered within a provincial plan and adhere to provincial standard work.
- To achieve a culture of safety, by March 31, 2020 there will be no harm to patients or staff.

Ministry of Health Enduring Strategies

Better Health Strategy

- Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care Strategy

- In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

SCHR Goal

- By March 2015 there will be a 25 per cent improvement in the proportion of people in the pilot project area who say "I can access my health care team on my day of choice."
- Reduce the number of patients classified as CTAS 4 and 5s presenting to the Emergency Room at Weyburn General Hospital
- Reduce the number of inappropriate referrals to the WGH Emergency Room

Better Value Strategy

- Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

Better Teams

- Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers

SCHR Goals

-All facilities and services will have established Daily Visual Management and a process for multidisciplinary safety huddles and good catches/safety alerts
-85% of staff surveyed will indicate that they have participated (attended or reviewed notes/minutes) in a multidisciplinary safety huddle
- 85% of staff surveyed will be able to identify a stop the line example
- 85% of staff surveyed will indicate that they felt supported if they stopped the line
- 85% of patients surveyed will respond that they knew who to contact with safety concerns
- By March 31, 2015, SCHR will have reduced the number of total accepted WCB claims to 54.
- By March 31, 2015, SCHR will have reduced the number of accepted WCB claims related to TLR activities to 12.
- By March 31, 2015, a framework will be established for SCHR to develop leadership capabilities (core behavioral competencies).
- By March 21, 2015, 100% of Pilot Group 1 participants have completed the Capabilities Assessment process, Learning Series and have identified one actionable item from the Learning Development Plan to proceed on by June 30, 2015.

Ministry of Health Five-year Improvement Targets

By March 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care Team for care on my day of choice either in person, on the phone or via other technology."

By March 31, 2020, 80% of patients with 6 common chronic conditions (diabetes, coronary artery disease, chronic obstructive pulmonary disorder, depression, congestive heart failure and asthma) are receiving best practice care as evidenced by the completion of provincial flow sheets available through approved electronic medical records (EMR) and the eHR viewer.

By March 31, 2015 increase home care utilization and clients in the three pilot RHAs by 5%.

By March 31, 2017 the number of clients with a MAPLe score of three to five living in the community supported by home care will increase by 2%.

By March 31, 2017 wait time benchmarks for mental health and addictions will be met 100% of the time.

By March 31, 2015, a provincial model is developed for appropriate referral to diagnostics and specialists in one or two clinical areas.

By March 31, 2015, 50% reduction in emergency department waits.

Maintain the number of Alternate Level of Care days (waiting placement) across the province and in each region at no more than 3.5% if total.

By March 2015 develop a provincial appropriateness framework strategy, implementation plan and accountability mechanisms.

By March 31, 2015, data analysis and reporting mechanisms are in place to capture and analyze baseline data that flows back to point of care.

By March 2015, shared services will achieve measurable improvements in quality while achieving $100 million in cumulated savings.

By March 2015, the 2014-15 approved business cases for shared services will be presented for feedback and implemented once a final decision is made and an implementation plan is in place.

By March 31, 2015 we will have spent 1% less on straight time worked hours and premium hours than in 2013-14, resulting in approximately $20M in savings to the system.

By March 31, 2015 equipment and facility renewal planning processes will be developed to ensure a coordinated and integrated provincial approach.

By March 2017, fully implement a provincial Safety Alert / Stop the Line System.

By March 31, 2015, "Stop the Line" will be replicated in three acute care facilities in Saskatoon and one other agency/region.

By March 2016, there will be zero shoulder and back injuries.

Ministry of Health 2014-15 Hoshins

At least 85% of patients requiring admission from emergency department are admitted to an appropriate bed within five hours.

RHA Overview

Sun Country Health Region (SCHR) covers the southeast portion of Saskatchewan, Canada from the Manitoba border to the U.S. border, encompassing serene prairie and parkland. The Region covers 33,239 square kilometres. SCHR operates 28 facilities and 40 community-based health programs for the 59,984 people in this Region, with 2,400 staff members.

Facilities

Long Term Care Centres

Estevan Regional Nursing Home

Moose Mountain Lodge (Carlyle)

New Hope Pioneer Lodge (Stoughton)

Sunset Haven (Carnduff)

Tatagwa View (Weyburn)

Weyburn Special Care Home

District Hospitals

St. Joseph's Hospital of Estevan

Weyburn General Hospital

Community Health Centres

Weyburn Community Health

Carlyle Community Health

Kipling Community Health

Primary Health Clinics

Carlyle Primary Health Care Clinic

Carnduff Tony Day Medical Centre

Coronach Primary Health Care Clinic

Estevan/Lampman Primary Health Care Clinic

Kipling Medical Clinic

Maryfield Primary Health Care Clinic

Rural West Primary Health Care Clinic

Weyburn/Midale Primary Health Clinic

Health Centres with Long-term Care facilities

Bengough Health Centre

Coronach & District Health Centre

Fillmore Health Centre

Gainsborough Health Centre

Galloway Health Centre (Oxbow)

Lampman Health Centre

Mainprize Manor & Health Centre (Midale)

Radville Marian Health Centre

Wawota Memorial Health Centre

Community Hospitals

Arcola Health Centre

Kipling Integrated Health Centre

Redvers Health Centre

Health Centres

Pangman Health Centre

Weyburn Mental Health Inpatient Unit

Programs and Services

Addiction Services
Adult Community Mental Health Services
Alternatives to Violence Programs
Asthma
Audiology Program
Autism Program
Child and Youth Mental Health Services
Communicable Disease Control
Community Dietitian Programs
COPD (chronic obstructive pulmonary disease) Program
COPS (Community Oncology Program of Saskatchewan)
Dental Health Program
Diabetes Program
Home Care
Immunization Programs
Infection Control
Injury Prevention Program
Inpatient Mental Health
Long Term Care
Lymphedema Program
Meals on Wheels
Mental Health Home Care
Mental Health Rehabilitation Services
Mental Health Therapies Program
Nutrition Program
Palliative Care Program
Parent Program
Physiotherapy and Occupational Therapy
Podiatry
Population Health
Primary Health Care services
Psychiatry
Public Health Inspection
Public Health Nursing
Respite Services
Renal Program/Dialysis
Speech Language Pathology (Child/Adult)
Volunteer Program
Wellness Clinics
Wound Care

Health Care Organization Relationships

SCHR funds Health Care Organizations (HCOs) to enhance or add to services provided. In most cases, HCOs complement the continuum of care for regional residents and community-based services.

They play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with SCHR goals, and are accountable through program and budget submissions, regular fiscal reporting, and annual audited financial reporting.

SCHR provides operating funding to the following Health Care Organizations, in accordance with budget amounts approved annually:

1. SMILE Services in Estevan (Society for Maintaining and Improving Life in Estevan) - programming and support to young children, youth, individuals with challenging needs, seniors and low income families, with a focus on employment, quality housing and social acceptance of persons diagnosed with mental illness in the community.

2. Weyburn Group Home Society - encourages employment, obtains quality housing and promotes the integration and acceptance of persons diagnosed with mental illness in the community.

3. Canadian Mental Health Association - Community Resource Centre in Weyburn and prevocational programs to assist with the personal growth, support, community integration and re-entry into the work force of persons with mental illness.

4. Fillmore Ambulance Services

5. Stoughton Ambulance Services

SCHR has a close working relationship and operating agreements with the following three affiliate organizations:

1. St. Joseph's Hospital in Estevan - 53 acute care beds, 34 long term care beds and four beds for convalescent, respite and palliative care.

2. Radville Marian Health Centre in Radville - 25 long term care beds, five multipurpose beds.

3. Sunset Haven in Carnduff - 39 long term care beds, one bed for convalescent, respite and palliative care.

Governance

The role of Sun Country Regional Health Authority (SCRHA) is to govern the organization to fulfill the Mission and Vision of the organization.
The Regional Health Authority is responsible to uphold its fundamental principles and values and to determine organizational performance based on satisfactory outcomes. Collectively, the job of SCRHA, which cannot be delegated, is to:
- Provide accountability to the residents for SCRHA activities.
- Provide the link between the organization and the community.
- Provide SCRHA highlights to the public following regularly scheduled meetings.
- Hold open RHA meetings for public attendance.

SCRHA will:
- Focus chiefly on intended long term impacts on the community outside the organization, not on the administrative or program means of attaining those effects.
- Direct, control and inspire SCRHA through the careful deliberation and establishment of the broadest organizational values and perspectives. Policies will address: the desired results; the boundaries of prudence and ethics; SCRHA roles and responsibilities and the RHA-CEO relationship.
- Enforce upon itself and its members whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, policy-making principles, respect of clarified roles, speaking with one voice, and self- policing of any tendency to stray from governance adopted in SCRHA policies.
- Be accountable to the general public for competent, conscientious, and effective implementation of its obligations as a body. It will allow no officer, individual or committee of the SCRHA to usurp this role or hinder this commitment.
- Initiate policy, not merely react to initiatives.
- Monitor and regularly discuss the RHA's process or performance. Provide continuity of its governance by continuing education and development.
- Use the expertise of individual members to enhance the ability of the SCRHA as a body to make policy, rather than to substitute the individual's values for the group's values.

Standards of Conduct:

Vision

Healthy People, Healthy Communities

Mission

Sun Country Regional Health Authority works together with individuals and communities in partnership to achieve the best possible care, experience and health.

Statement of Values

- **We value mutual respect, honesty and trust.**
- **We value openness with our community to create informed decision-making.**
- **We value social and ethical responsibility and accountability.**
- **We value privacy, confidentiality and compassionate care.**
- **We value a sense of ownership by those associated with the mission of the Sun Country Regional Health Authority.**
- **We value our Staff, Physicians and Volunteers as our most valuable resource.**
- **We value the pursuit of safety, quality and excellence in health care.**
- **We value the uniqueness of our patients and families and their input to foster excellence of care in Patient and Family Centred care.**

Regional Leadership Network

Sun Country Regional Health Authority has established a Regional Leadership Network, in conjunction with the elected municipal officials within its boundaries, to discuss local health care issues.

Four meetings of this network are held each spring and each fall in different communities each year. In the fall of 2014-15, the meetings were opened to the public to participate in the discussion. The times and locations of each meeting are advertised widely in advance and a news release issued to encourage attendance in the new year.

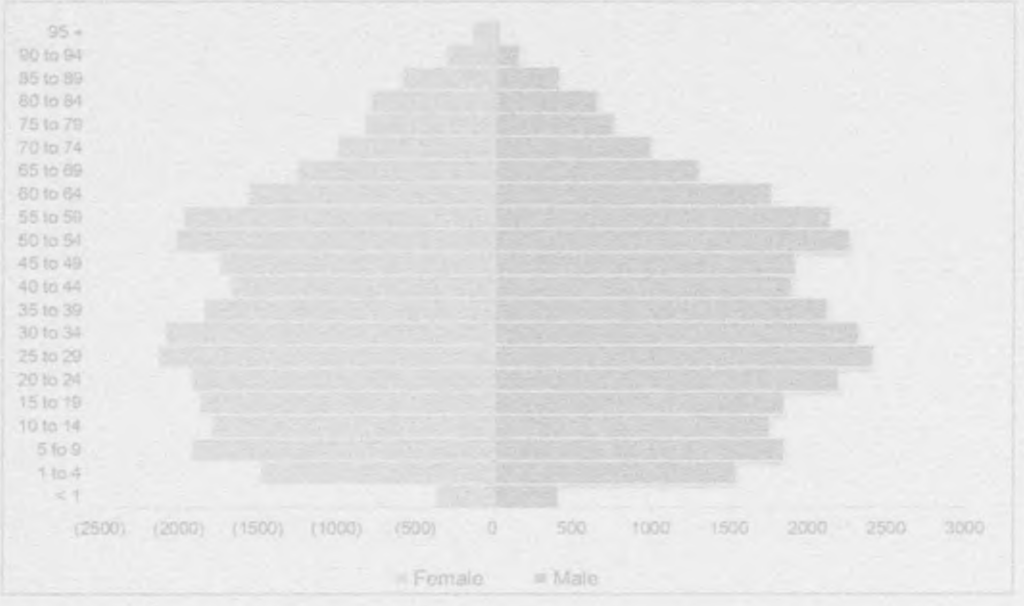
The Network contributes to the Authority's responsibility to operate in a transparent manner and to be accountable to the public for effective governance of the Sun Country Health Region.

The Population of Sun Country Health Region

In 2014, the population of Sun Country Health Region was 59,984 (2014 Saskatchewan Covered Population). This represents a two per cent increase compared to the previous year. A similar two per cent increase is also observed in the province.

The gender distribution remained essentially unchanged, with 48.9 per cent of the SCHR population female and 51.1 per cent of the population male. Population distribution in SCHR in 2014 shows the proportion of persons aged between 25 – 44 years was higher than the age group between 45 - 64 years at 27 per cent and 26 per cent respectively. Fifteen per cent of the population in SCHR is 65 or older, compared with 14 per cent of the provincial population.

Figure 1: Sun Country Health Region Population Pyramid, 2014 Source: Saskatchewan Ministry of Health Covered Population 2009 - 2014



Almost 42 per cent of the Region's population resides in the two large cities with 29 per cent in other towns and the remaining 29 per cent in a mix of villages, rural municipalities and reserves. Across the health region, 57.9 per cent of respondents report very good or excellent over-all health and 69 per cent report very good or excellent mental health. The provincial figures are 56.9 per cent and 67.7 per cent respectively.

Compared to rates across the province, SCHR residents were more likely to smoke daily and less likely to engage in leisure-time physical activity. See Figure 2 on Page 15.

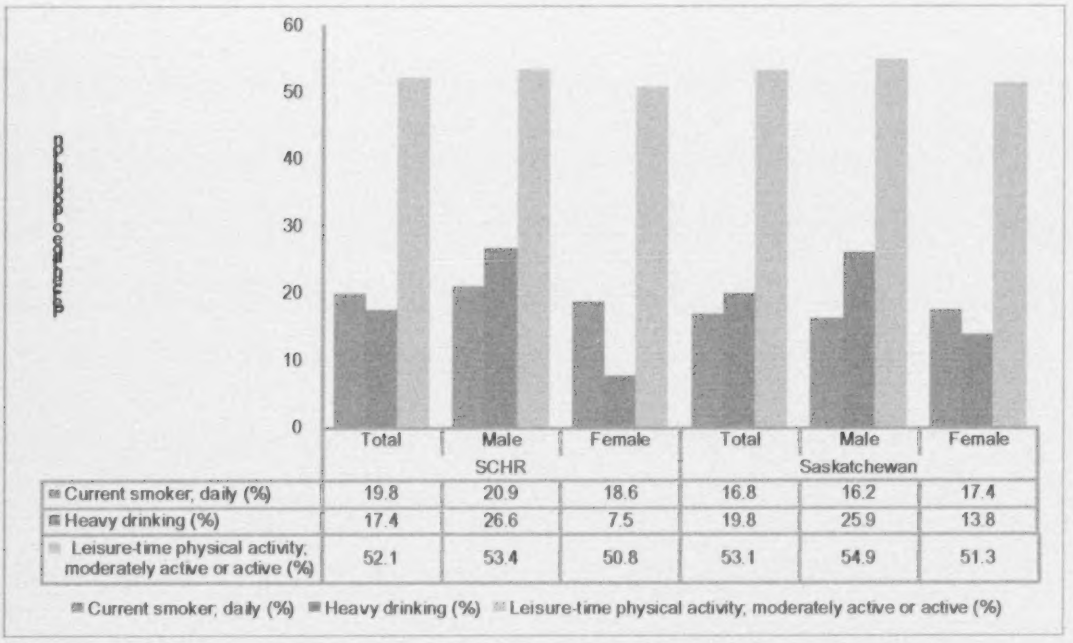


Figure 2: Graph showing pattern of health behaviors in SCHR and the province, 2013

Provincial, municipal and health officials gathered with residents of Radville and area on March 6, 2015 to officially open the new Radville Marian Health Centre. From left to right are Marga Cugnet, CEO, Sun Country Health Region; Rural and Remote Health Minister Greg Ottenbreit; Bill Calibaba, resident at Radville Marian Health Centre; Health Minister Dustin Duncan; Marilyn Charlton, Chair, Sun Country Regional Health Authority; Don McCracken, one of the donors to the facility; Murray Hlavka, Chair, Radville Marian Centre Board.

Progress in 2014-15

Better Care

Hoshin: Timely access to health care team

Challenge:

Access for people obtaining health care in SCHR is inconsistent, not always equitable, and may not be provided in the right place or the right time or by the right team as noted at the Weyburn General Hospital.

Evidence suggests that continuity of care in primary health care improves health status and results in better chronic disease outcomes. Continuity of care is also associated with improved adherence to treatment and preventive care, recognition of unidentified problems, improved immunization rates, fewer hospitalizations, less use of emergency rooms, improved patient satisfaction and a general reduction in costs.

Canada's Primary Care Toolkit for Family Physicians defines continuity of care as the ability of patients to access health care through the same provider over time. It also aligns continuity with comprehensiveness, implying that the family physician has access to a variety of health care services to meet a patient's needs.

Action:

- By March 2015 there will be a 25 per cent improvement in the proportion of people who say "I can access my health care team on my day of choice."
- Reduce the number of people entering the Emergency Room at Weyburn General Hospital who have less urgent health issues as per the Canadian Acuity Triage Scale (CTAS)
- Reduce the number of inappropriate referrals to Emergency Room

Results:

Total visits to the Weyburn General Hospital Emergency Department dropped by 27 per cent from August 2014 to February 2015. Patients assessed at Level 4 on the Canadian Triage and Acuity Scale (CTAS) dropped by 21 per cent and those assessed at Level 5 dropped by 52 per cent. (CTAS levels are designed such that level 1 represents the sickest patients and level 5 represents the least ill group of patients. CTAS level 1 is resuscitation, level 2 is emergent, level 3 is urgent, level 4 is less urgent, and level 5 is non-urgent.)

Replication of helpful tools from the Access Hoshin completed in Weyburn to other acute care sites in SCHR has begun.

Hoshin: Developing Leaders, Removing Barriers

Challenge:

SCHR has not taken the initiative to develop capacity/behavioral competencies at all levels of the organization. Employees at all levels may not believe they are empowered and supported by peers, supervisor or the organization to make change.

Action:

- By March 31, 2014, investigate and select a leadership development framework for SCHR.
- By March 31, 2014, identify two pilot groups for the developing leaders Hoshin.
- By March 31, 2015, the two project pilot groups will participate in and complete several initiatives: - 1. An in-depth capabilities assessment process; 2. a formal learning and mentorship plan, including timelines for actionable items formal, facilitated learning sessions; 3. By March 31, 2015, develop a multi-year integration plan for the leadership development framework selected for SCHR.

Results:

By March 31, 2014 - Sun Country Health Region selected LEADS in a Caring Environment framework to develop individual leadership abilities at all levels of the organization. LEADS represents an innovative and integrated hands-on approach within five domains – Lead Self, Engage Others, Achieve Results, Develop Coalitions and Systems Transformation. LEADS was designed in Canada, specifically for the unique conditions of leadership in Canadian healthcare.

By March 31, 2014 - Two pilot groups were selected for the project. Pilot Group I included SCHR senior leadership team. Pilot Group II included Executive Directors, Regional Directors, the Hoshin team, including Community Health Services Managers, front-line staff and the project's Patient Family Advisor.

Between September 2014 and March 2015 - Both pilot groups committed to, participated in and completed the LEADS 360 capabilities assessment process. The assessment process included a personal debrief session with a professional LEADS coach. Follow-up included the development of a formal learning and mentorship plan, including action items and timelines.

December 2014 – April 2015 -Both pilot groups joined to participate in the formal LEADS Learning Series. LEADS faculty led five learning sessions – one day for each of the LEADS domains. The interactive setting included information sharing, individual reflection and group work.

March 2015 – One of the project outcomes was the decision to build internal facilitation capacity. Based on specific criteria, five candidates were selected. The in-training team attended an extensive three day Train the Trainer session with LEADS faculty. The certification process will continue for the next several months, with the expectation to begin facilitating the LEADS Learning Series in the Fall, 2015.

March 2015 – Development of the SCHR multi-year integration plan for LEADS is in progress. Leadership links organizational functions with culture and strategy and it is, therefore, a complex objective. LEADS has completed and delivered a comprehensive Diagnostic Assessment Report of the organization. It, along with many other considerations, will inform the leadership development strategy, which is planned for rollout within the next several months.

Hoshin: Stop the Line

Challenge:

Failure to stop the line may cause harm to staff and patients. There is a need to further develop a safety culture where staff, physicians, patients and families always feel supported in immediately detecting and reporting unsafe situations, incidents and errors.

Challenges: Providers being resistant to best practice;
Need to create expectations
Not knowing how to stop the line.

Reason for inaction: A perception there is no clear action or benefit from stopping the line
Unclear what the term means
Fear of reporting: not necessary for system improvement; concern about retribution

Action:

Before March 31, 2015, all facilities and services will have established Daily Visual Management and a process for multidisciplinary safety huddles and good catches/safety alerts.

- 85 per cent of staff surveyed will indicate that they have participated (attended or reviewed notes/ minutes) in a multidisciplinary safety huddle
- 85 per cent of staff surveyed will be able to identify a stop the line example
- 85 per cent of staff surveyed will indicate that they felt supported if they stopped the line
- 85 per cent of patients surveyed will respond that they knew who to contact with safety concerns

Results:

Targets	Q1 Apr-Jun	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar
12% of patient safety incidents that are reported will be near misses/good catches	11%	9.7%	12%	10%
85% of staff surveyed will indicate that they have participated (attended or reviewed notes/minutes) in a multidisciplinary safety huddle	NM	NM	NM	80%
85% of staff surveyed will be able to identify a stop the line example	NM	NM	24%	72%
85% of staff surveyed will indicate that they felt supported if they stopped the line - By peers - At facility level - At Regional level	NM	NM	NM	69% 68% 50%

NM = Not Measured

Work to achieve the targets will continue in the new fiscal year.

Hoshin: Stop Staff Injuries

Challenge:

Workers are our most valuable resource and staff injuries impact patient safety, staff and their families, and health care costs. The number of workplace injuries occurring on an annual basis in SCHR is not meeting the reduction targets required to achieve the provincial target of "Mission Zero" (i.e. zero staff related injuries) by the end of 2017.

Action:

- By March 31, 2015, SCHR will have reduced the number of total accepted WCB claims to 54. This is the next pre-determined reduction level for SCHR based on the original five year Mission Zero provincial model. This model identified by 2017 as a goal for zero injuries. The Region will maintain the annual target of a 25 per cent annual reduction when this program started in 2011/12. A pre-calculation was done and for 2014-15 the target is 54 WCB accepted claims.
- By March 31, 2015, SCHR will have reduced the number of accepted WCB claims related to TLR (Transfer, Lift, Reposition) activities to 12. This is a continuation of the now completed Provincial Hoshin for 2013-14 which called for a 50 per cent reduction from a pre-determined level.

Results:

- SCHR experienced seven new TLR (transfer/lift/reposition) claims, exceeding the target by 16 claims.
- The provincial goal for WCB claims is a 25 per cent reduction in the number of claims in 2014-15 over the previous year. The 2014-15 annual target was 54 claims or fewer. The total was 149.
- Work to achieve the targets will continue in the new fiscal year.

2014-15 By The Numbers

Kaizen Promotion Office	2014-15	2013-14
Rapid Process Improvement Projects (RPIWs)	8	3
5S and Kanban Training sessions	1	1
Kaizen Basics	39 sessions	19 sessions
Leader leaders certified	11	
Mistake-proofing projects	2	3
Strategy Deployment site visits	28	28

Community Health	2014-15 in percentages	2013-14
Inspection rates for:		
Abattoirs	100	100
Bake shops	100	100
Food processing facilities	92	89
Licensed accommodations	85	91
Meat processing facilities	100	100
Paddling pools	100	100
Public eating establishments	100	100
Public water supplies	100	100
Swimming pools	100	100
Water theme pools	100	100
Whirlpools	100	100
Immunization rates		
All health care workers	90	77
Long term care residents	88.8	90

Health Facilities	2014-15	2013-14
Total EMS calls	4660	4393
Total EMS kilometres travelled	780,584	629,226
Acute Care Average Daily Census		
Arcola Health Centre	2.6	2.6
Kipling Integrated Health Centre	2.5	3.4
Weyburn General Hospital	18.3	16.3
St. Joseph's Hospital of Estevan	25.4	26.9
Number of surgical procedures	903	802
Surgery wait list at end of fiscal year	103	99

Human Resources	2014-15	2013-14
Total WCB claims	149	66
Direct cost of attendance management	$3.1 million (14 per cent increase)	$2.7 million
Number of physician hires	11	12
Number of physician departures	3	3
Number of employees hired	436	467
Number of employee terminations (retired, resigned, severed, transferred)	439	446
Number of bursaries awarded	57	68

Human Resources Bursaries Awarded	2014-15	2013-14
Registered Nurse	42	55
Medical Radiation Technologist	2	0
Medical Doctor	4	3
Emergency Medical Responder	3	3
Health Information Management Practitioner	1	0
Advanced Care Paramedic	2	2
Primary Care Paramedic	1	2
Medical Laboratory Technology	2	0
Nurse Practitioner	0	1
Physical Therapist	0	1
Occupational Therapist	0	1
Total financial award	**$353,000**	**$388,000**

Primary Health Care	2014-15	2013-14
Patient Wait Time	7.3 days	7.9 days
Patient preference: Was today your first choice of day to see your doctor/care provider?	95 per cent said yes	86 per cent said yes
Patient Question: How confident are you that you can manage your own health?	60 per cent of patients say they can manage	47 per cent of patients say they can manage
Number of Live Well with Chronic Condition workshops	7	3
Number of participants attending Live Well with Chronic Conditions workshop	62	35

Quality and Patient Safety	2014-15	2013-14
Concerns	**220**	**247**
Patient Safety Incidents Received **Code 1—No Harm/Good Catch** *(Project completed to increase good catches to prevent incidents)* **Code 2—Minimal emotional or physical injury** **Code 3—Adverse outcome or significant potential for adverse outcome** **Code 4– Tragic Incident**	**2921** **1856** **1491** **95** **4**	**3464** **1492** **1568** **105** **11**
Critical Incidents	**7**	**13**
Internal Alerts	**1**	**2**
Percentage of facilities that held at least one fire drill per month	**93 per cent**	**74 per cent**
Number of Patient Family Advisors	**26**	**21**

A Patient's Story

One patient's struggle results in change to health services

Early one Saturday morning, Jennifer was brought into the emergency department of St. Joseph's Hospital of Estevan in Sun Country Health Region with symptoms of postpartum depression. Jennifer's baby was three months old, and her symptoms had progressed to the point that Jennifer was suffering from psychosis. The doctor consulted with the Sun Country Health Region psychiatrist who suggested admission. Concern was raised that the staff in the acute care unit would be unable to properly care for Jennifer. However, the psychiatric unit in the Region was already overcapacity, so Jennifer was admitted to the obstetrics ward.

The nursing staff spent lots of time with Jennifer and thought she seemed a little better. However, this was not the case. Sunday night, Jennifer was walking with one of the nurses, broke away and ran out of the hospital. Her parents lived out of town, and in her confusion, Jennifer was running toward their home. It was dark, and as she ran beside the highway, Jennifer was hit by a truck. 911 was called and Jennifer was brought back to the hospital, where she was resuscitated and sent to Regina. During the next few months, Jennifer, with her supports worked very hard to learn many things – how to walk again, how to care for her baby and how to live again.

A case review is held very soon after a critical incident like this occurs. Questions are asked: why did this happen, what could we have done to prevent this, what could we have done better, what do we need to do so this never happens again.

Since this time, several changes have been made with a goal to improve:

1. Hospitals in Sun Country Health Region now carry the fast-acting medication that can help decrease symptoms of acute psychosis.
2. A Hoshin project was initiated to provide education to staff and looked at every contact point that mothers had with health care. Gaps identified through that process spurred the multidisciplinary team to evaluate the role that each part of the health care team held in the provision of services to mothers and babies in Sun Country Health Region. Standards are now in place so that assessment and referral to the Mental Health Department happens at every critical point of access.

A patient's story continued

3. The mental health team expanded the Reproductive Mental Health Program for new mothers. This team provides expertise and experience using a women and family-centred approach to care based on the *Mother's First Program of Saskatchewan*. The *Mother's First Program* released in 2010 provided the support and direction needed to develop the program.
   Maternal depression is an increasingly urgent health issue; it is the leading cause of disability for women in their child-bearing years. (Ages 15-44). It is estimated that 20 per cent of new mothers will experience postpartum depression. The team began to use the Edinburgh Postpartum Depression Scale as a valid measurement tool. They provided information and education on Post-Partum Depression/Anxiety and its treatment to staff members and doctors.
   The team works collaboratively with the SCHR Mental Health Intake department, the Obstetrics Department at St. Joseph's Hospital, Public Health Nurses, Inpatient Mental Health Services and local doctors to flag women that may require mental health counseling, psychiatric consultation or follow up during pregnancy and after the baby has been born. The development of this team has also led to positive spinoffs including the development of a clinical pathway for Post-Partum Depression through the Acute Care CQI as well as the creation of policies specific to the management of Pre and Post Natal care. This project has had a major impact on the mothers and families in Sun Country Health Region.

Jennifer has returned to teaching and is sharing her journey through recovery from the head injury she suffered from the accident. Sun Country Health Region appreciates her willingness to share her story.

Post-Partum Depression is a condition that is often difficult to treat due to societal norms and expectations and misconceptions around motherhood.

Untreated maternal depression and anxiety can impact all aspects of an entire family and is associated with significant personal, social, and economic costs. There is increased risk of pregnancy complications, preterm birth, impaired breastfeeding, and attachment problems. The child of a mother who has struggled with mental health problems can experience developmental and cognitive difficulties. The significant others of mothers who are depressed can also experience more stress, anxiety and depression.

2014 -15 Programs

Kaizen Promotion Office - One Rapid Process Improvement Workshop

Organization, Service Line, Event Type and Title	SCHR—RPIW 07 Admission Process from Acute Care to Long Term Care in St. Joseph's Hospital of Estevan	
Design the admission process from acute care to long term care so it is resident- and family-driven, providing a safe, welcoming and caring environment with reduced stress		
Before Improvement	**Changes Introduced**	**After Improvement**
-Residents are placed in long term care facilities from acute care, based on a screening assessment and bed availability - Long term care staff are not always aware of next admission date or time. - Not all residents/family have contact with facility prior to entering for admission. - The process of admission is not often recognized as a stressful and a journey – not just a one-time episode - Admission package inconsistent, including some outdated information - Process and paperwork is staff driven and not resident/family driven -Preparation prior to admission does not always indicate to staff pertinent information about the resident for the first night -Stress on families who admit loved ones often increases -Resident and family satisfaction with the experience is not measured -No standard resident family-centred criteria for evaluating the success of an admission process	The long term care reception desk at St. Joseph's Hospital was 5s'd, resulting in a 21 per cent decrease in space used and removal of outdated manuals. - Implemented a pre-admission process with receiving facility to attend Acute Care for a pop-in pre-admission visit offering the Resident/Family Information Handbook, the photo tour booklet and the pre-admission package. - The Patient Family Advisor led the revision of the Resident/Family Information Handbook to ensure relevancy - Two visual information boards created: the Welcome to Our Home board to advise staff/current residents of an upcoming admission, including names and dates; the Today's Care Team board for the residents/families to see the names and pictures of nursing, recreation and support staff. - Streamline the admission book from 32 to 24 pages. - Adjust the admission process to create pre-admission, day of admission and post-day of admission activities.	- Admission process steps are extended over a period of time to reduce stress for the resident, families and staff, at both the sending and receiving end. - A checklist was created for the resident's first day to ensure all follow-up tasks are completed. --- **Patient benefit** - Reduced stress for resident/ family through planned, purposeful admission process - More focus on personal/ emotional needs prior to and immediately following admission day. --- **Provider benefit** - Reduced stress for staff at both sending and receiving facility - Staff confident that all aspects of admission are appropriately completed - Standard work will support staff to maintain the great improvements and further support the training of new staff.

Human Resources

SCHR recognizes the importance of physicians to the health of the Region's population and continues to build on recruitment and retention successes from the last two years. SCHR continues to source physicians via several avenues, including print and online advertising, social media, job fairs, physician events, and partnerships with external agencies such saskdocs.
Saskdocs, the provincial physician recruitment agency, is a particularly strong support in connecting SCHR to both local University of Saskatchewan graduates and internationally-trained physicians.
SCHR is also able to connect to local University of Saskatchewan students and residents via its strong bursary program, sponsorship of student/resident events, as well as training opportunities provided by physicians practicing in Sun Country Health Region.
A current focus on settlement, retention and succession planning will assist SCHR to maintain a strong physician complement over the coming years. The Region continues to work collaboratively with local physicians and communities to achieve its Physician Recruitment and Retention goals.

3sHealth—Shared Services

3sHealth provides province-wide shared services to support Saskatchewan's healthcare system. Working together with its partners, 3S Health finds innovative solutions to complex problems to help create a sustainable system for future generations. The Agency places patients and their families at the centre of all that it does, working with its partners to improve quality and ensure patient safety. The shared services provided include payroll processing and employee benefits administration for over 42,000 health care system employees, as well as joint contracting for goods and services. 3s Health identifies and provides new shared service opportunities to support better health, better care, better value, and better teams.
In 2014-15, 3sHealth developed five values that guide its work, priorities, and interactions with clients and stakeholders. They are collaboration, innovation, integrity, trust, transparency and bold and courageous leadership.
In alignment with those values and together with the health regions and SCA, 3sHealth celebrated the following key achievements in 2014-15:

- Surpassed its five-year cost savings goal of $100 million for the healthcare system, saving over $110 million through collaboration and innovation in provincial contracting, linen savings, and other initiatives.
- Completed, in partnership with Regina Qu'Appelle Health Region and Wascana Rehabilitation Centre, a lean replication event that improved linen handling and inventory management in long-term care units.
- Worked with provincial contracting partners to create a product issue reporting process, ensuring safe, high-quality products are available for patient care across the healthcare system.
- Explored improvement opportunities in areas such as transcription services, the provincial supply chain, environmental services, medical laboratory services, medical imaging services, enterprise resource management, and enterprise risk management, focusing on the ways the system can work together to implement solutions that improve care for patients and their families.

3sHealth thanks its partners for their ongoing commitment to improving healthcare in Saskatchewan. Its members look forward to continuing its work in 2015-16 and making health care better together.

Staff Immunization Program: Immunize or Mask

Sun Country Health Region is committed to protecting its staff, patients and residents from the complications related to infection with influenza and reducing the transmission of influenza in health care facilities by providing annual influenza vaccination to all its employees.

The Region is committed to protecting health care workers, the residents of long term care facilities, and high-risk inpatients from the complications related to infection with influenza, and reducing the transmission of influenza in health care facilities.

The Region provides annual influenza vaccination to health care workers in accordance with the regional immunization program parameters. The annual immunization program is in place to limit the harmful effects of seasonal influenza. *The Occupational Health and Safety Act*, 1993 requires that SCHR "...ensure, insofar as is reasonably practicable, the health, safety and welfare at work of all of the employer's workers." The provision of annual influenza immunization is an important component of the SCHR's infection control measures as required under section 85 of *The Occupational Health and Safety Regulations, 1996.*

SCHR endorses the position of the National Advisory Committee on Immunization (NACI): "NACI considers the provision of influenza vaccination for health care workers (HCWs) who have direct patient contact to be an essential component of the standard of care for the protection of their patients. HCWs who have direct patient contact should consider it their responsibility to provide the highest standard of care, which includes annual influenza vaccination. In the absence of contraindications, refusal of HCWs who have direct patient contact to be immunized against influenza implies failure in their duty of care to patients."

Accordingly, the Region adopted a province-wide policy of asking staff members to either wear a mask or be immunized during the 2014-15 flu season.

Prevention of the morbidity and mortality associated with influenza in SCHR also includes yearly vaccination of employees, the use of appropriate infection control precautions in all facilities and the management of influenza outbreaks and use of antiviral medications when indicated.

SCHR expects that every SCHR employee and health care worker providing services in its health care facilities receive an annual influenza immunization each fall. Any new employee that starts work during the influenza season will be informed that they are expected to receive influenza immunization, provide proof they have already received it elsewhere, or wear a mask during flu season. SCHR offers annual influenza immunization free of charge to volunteers, students, contract workers, active members of the medical staff and physician's office staff.

SCHR schedules an annual immunization campaign each fall, and monthly at the orientation sessions for new employees, to promote the campaign and inform employees about the expectation that they receive an influenza immunization annually.

About 90 per cent of SCHR staff were immunized for influenza during the 2014-15 flu season.

Financial Summary

Sun Country Health Region recorded an operating surplus before capital transfers of $1,670,254 for 2014-15. This translates into 1 per cent per cent of actual revenue.

Overall, operating revenues exceeded the 2014-15 budget ($7,002,477 or 4.8 per cent) due to:

- Increased funding from the Ministry of Health ($6M) due to CUPE retro funding, SHEPP and Out of Scope ($4.78M); Primary Health Care Alternate Payment Physician contracts ($.24M); Locum program funding ($.38M) and Deferred Revenue ($.37M)
- Other provincial revenue above budget including SUN Partnership funds ($342K)
- Recoveries are above budget due to compensation recoveries ($150K); bursary recoveries ($69K); insurance premium and damage recoveries ($225K) as well as general recoveries.

Over-all, operating expenses exceeded the 2015-16 budget ($6,033,477 or 4.1 per cent) due to:

- Salaries and benefits were over budget by $1.2M (1.3 percent) mainly due to the CUPE contract settlement. Additional expenses were offset in part by staff vacancies during the year.
- Grants to Affiliates were over budget by $1.8M mainly due to CUPE contract settlement. Other overages were due to one-time unbudgeted program expenses.
- Professional fees were over budget by $842K due to Information Technology fees ($632K) and Legal fees ($144K)
- Repairs and Maintenance were over budget by $1M due to heating, ventilation and air conditioning repairs, equipment repairs, handicap access improvements, asbestos abatement and electrical contracting work.

SCHR recorded $6.4M in purchases of capital assets, due to new building construction in Radville, Redvers and Kipling ($4.5M), building improvement ($397K) and capital equipment purchases ($1.4M).

SUN COUNTRY REGIONAL HEALTH AUTHORITY
FINANCIAL STATEMENTS

March 31, 2015

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May 15, 2015

SUN COUNTRY HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Sun Country Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards for government not-for profit organizations and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

In 2013, the Authority commenced capital project spending under newly established shared ownership arrangements with the Ministry of Health. The Authority has followed the judgment and direction of the Ministry in accounting for its asset held under this arrangement on an apportioned net basis.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance and Audit Committee. The Finance and Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance and Audit Committee, approves financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Marga Gugnet
President & CEO

John Knoch
VP Corporate & Finance

VIRTUS GROUP

Chartered Accountants & Business Advisors LLP

INDEPENDENT AUDITORS' REPORT

To the Members of the Board,
Sun Country Regional Health Authority

We have audited the accompanying financial statements of **Sun Country Regional Health Authority** which comprise the statement of financial position as at March 31, 2015, and the statements of operations and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

One of the Authority's capital assets under construction is owned under a shared ownership arrangement with the Ministry of Health. This asset has been accounted for, as directed by the Ministry, on an apportioned net basis rather than at full gross cost, which constitutes a departure from Canadian public sector accounting standards. Had the Authority stated the asset at full cost, the March 31, 2015 balance for capital assets would have increased by $17,322,400, fund balance invested in capital assets would have been increased by $16,746,800, capital fund revenue would have increased by $5,017,700 and capital fund accounts payable would have decreased $575,600. The March 31, 2014 balance for capital assets would have increased by $10,199,200, fund balance invested in capital assets would have been increased by $7,518,100, capital fund revenue would have increased by $12,169,800 and capital fund accounts payable would have decreased $2,681,100.

Qualified Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Sun Country Regional Health Authority as at March 31, 2015, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

May 15, 2015

Regina, Saskatchewan

Virtus Group LLP

Chartered Professional Accountants

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SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Financial Position

As at March 31, 2015

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total March 31, 2015	Total March 31, 2014
Assets					
Current Assets					
Cash and Short Term Investments (Schedule 2)	$ 9,413,420	4,844,909	2,572,878	16,831,207	17,629,646
Restricted Cash and Investments (Schedule 2)	5,280	-	-	5,280	5,708
Accounts Receivable					
Ministry of Health - General Revenue Fund	178,415		-	178,415	4,226,609
Accounts Receivable - Interfund	66,134	-	(66,134)	-	-
Other	2,610,640	996,148	20,979	3,627,767	3,746,808
Inventories	678,791	-	-	678,791	758,660
Prepaid Expenses	1,037,264	-	-	1,037,264	281,062
	13,989,944	5,841,057	2,527,723	22,358,724	26,648,493
Investments (Schedule 2)	17,430	-	2,660	20,090	19,218
Capital Assets (Note 3)	-	77,300,219	-	77,300,219	74,844,439
Total Assets	**$ 14,007,374**	**83,141,276**	**2,530,383**	**99,679,033**	**101,512,150**
Liabilities					
Current Liabilities					
Accounts Payable	$ 3,134,029	654,821	-	3,788,850	9,848,311
Accrued Salaries and Benefits	4,581,885	-	-	4,581,885	7,125,102
Accrued Vacation	7,623,101	-	-	7,623,101	7,159,018
Mortgages Payable - Current (Note 6)	-	489,292	-	489,292	468,270
Obligation under Capital Lease - Current (Note 4)	-	27,430	-	27,430	118,134
Deferred Revenue (Note 12)	1,648,753	-	-	1,648,753	1,668,982
	16,987,768	1,171,543	-	18,159,311	26,387,817
Mortgages Payable (Note 6)	-	2,574,339	-	2,574,339	3,065,568
Obligation under Capital Lease (Note 4)	-	6,552	-	6,552	33,983
Employee Future Benefits (Note 14)	3,656,900	-	-	3,656,900	3,654,000
Total Liabilities	**20,644,668**	**3,752,434**	**-**	**24,397,102**	**33,141,368**
Fund Balances					
Invested in Capital Assets	-	73,547,785	-	73,547,785	68,786,698
Externally Restricted (Schedule 3)	-	5,500,955	2,530,383	8,031,338	6,287,676
Internally Restricted (Schedule 4)	5,280	340,102	-	345,382	324,834
Unrestricted (Deficit)	(6,642,574)	-	-	(6,642,574)	(7,028,426)
Total Fund Balances	**(6,637,294)**	**79,388,842**	**2,530,383**	**75,281,931**	**68,370,782**
Total Liabilities & Fund Balances	**$ 14,007,374**	**83,141,276**	**2,530,383**	**99,679,033**	**101,512,150**

Commitments (Note 4)

Employee Future Benefits (Note 14)

Approved by the Board:

Marilyn Charlton, Board Chair

Karen Stephenson Board Member

The accompanying notes and schedules are part of these financial statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Operations

For the Year Ended March 31, 2015

	Operating Fund			Restricted Funds			
	Budget 2015 (Note 8)	2015	2014	Capital Fund 2015	Community Trust Fund 2015	Total 2015	Total 2014
Revenues							
Ministry of Health - General Revenue Fund	$ 132,106,150	138,107,911	133,962,815	5,513,906	-	5,513,906	8,191,725
Other Provincial	560,896	857,479	962,587	110,483	-	110,483	135,791
Federal Government	2,750	288	1,992	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Patient and Client Fees	11,021,500	11,027,521	10,846,208	-	-	-	-
Out of Province (Reciprocal)	519,000	527,498	528,097	-	-	-	-
Out of Country	10,300	21,711	15,498	-	-	-	-
Donations	30,000	158,707	148,374	4,203,925	279,027	4,482,952	5,422,121
Investment	75,000	143,984	131,367	40,201	30,248	70,449	72,359
Ancillary	-	-	-	-	-	-	-
Recoveries	1,912,604	2,429,692	1,969,386	-	-	-	-
Unrealized gain - financial instruments	-	-	-	-	-	-	-
Other	128,300	94,187	156,052	-	-	-	
	146,366,500	153,368,977	148,722,376	9,868,495	309,275	10,177,770	13,821,996
Expenses †							
Inpatient & resident services							
Nursing Administration	589,049	514,877	491,082				
Acute	7,570,588	6,925,144	7,136,785	349,160	-	349,160	326,770
Supportive	25,411,633	27,054,807	26,412,886	1,960,976	202,514	2,163,490	1,467,979
Integrated	31,405,188	33,196,953	32,882,622	1,636,017	28,726	1,664,743	1,761,743
Rehabilitation							
Mental Health and Addictions	1,642,312	1,749,481	1,797,024			-	-
Total inpatient & resident services	66,618,770	69,441,262	68,720,399	3,946,153	231,240	4,177,393	3,556,492
Physician Compensation	6,716,179	6,824,596	6,346,373	-	-	-	-
Ambulatory Care Services	2,125,374	2,362,763	1,966,491	-	-	-	-
Diagnostic & therapeutic services	10,268,368	10,409,747	9,736,709	4,814	-	4,814	4,736
Community health services							
Primary health care	2,628,986	2,442,859	1,809,420	56,754	-	56,754	57,077
Home care	10,204,861	10,180,806	10,098,315	4,248	-	4,248	5,592
Mental health & addictions	4,900,600	4,803,692	4,985,041	1,142	-	1,142	1,428
Population health	4,143,250	4,117,009	4,059,619	402,821	-	402,821	78,538
Emergency response services	5,522,845	5,513,872	5,418,908	289,703	-	289,703	297,959
Other community services	480,067	482,901	469,635		-	-	-
Total community health services	27,880,409	27,541,137	26,840,938	754,668	-	754,668	440,594
Support services							
Program support	8,419,699	9,352,085	8,222,690	-	-	-	-
Operational support	21,961,066	23,361,594	23,332,723	-	-	-	-
Other support	1,675,381	2,402,638	2,237,664	-	-	-	-
Employee future benefits		2,900	(28,800)	-	-	-	-
Total support services	32,056,146	35,119,217	33,764,277	-	-	-	-
Ancillary	-	-	-	-	-	-	-
Total expenses (Schedule 1)	145,665,246	151,698,723	147,375,187	4,705,635	231,240	4,936,875	4,001,822
Excess (deficiency) of revenues over expenses	$ 701,254	1,670,254	1,347,189	5,162,860	78,035	5,240,895	9,820,174
Interfund transfers (Note 15)		(1,284,830)	(711,806)	1,360,310	(75,480)	1,284,830	711,806
Increase (decrease) in fund balances		385,424	635,383	6,523,170	2,555	6,525,725	10,531,980
Fund Balance, beginning of year		(7,022,718)	(7,658,101)	72,865,672	2,527,828	75,393,500	64,861,520
Fund Balance, end of year		$ (6,637,294)	$ (7,022,718)	79,388,842	2,530,383	81,919,225	75,393,500

† See also Schedule 1 - Expenses Classified by Object

The accompanying notes and schedules are part of these financial statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Changes in Fund Balances

For the Year Ended March 31, 2015

2015	*Operating Fund*	*Capital Fund*	*Community Trust Fund*	*Total 2015*
Fund Balance, beginning of year	$ (7,022,718)	$ 72,865,672	$ 2,527,828	$ 68,370,782
Excess (deficiency) of revenues over expenses	1,670,254	5,162,860	78,035	6,911,149
Interfund transfers (Note 15)	(1,284,830)	1,360,310	(75,480)	-
Fund Balance, end of year	$ (6,637,294)	$ 79,388,842	$ 2,530,383	$ 75,281,931

2014	*Operating Fund*	*Capital Fund*	*Community Trust Fund*	*Total 2014*
Fund Balance, beginning of year	$ (7,658,101)	$ 62,312,117	$ 2,549,403	$ 57,203,419
Excess (deficiency) of revenues over expenses	1,347,189	9,731,920	88,254	11,167,363
Interfund transfers (Note 15)	(711,806)	821,635	(109,829)	-
Fund Balance, end of year	$ (7,022,718)	$ 72,865,672	$ 2,527,828	$ 68,370,782

The accompanying notes and schedules are part of these financial statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

For the Year Ended March 31, 2015

Cash Provided by (used in)	Operating Fund		Restricted Funds			
	2015	2014 (Note 9)	Capital Fund	Community Trust Fund	Total 2015	Total 2014 (Note 9)
	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenues over expenses	$ 1,670,254	1,347,189	5,162,860	78,035	5,240,895	9,820,174
Amortization of Capital Assets	-	-	3,915,140	-	3,915,140	3,084,787
Loss (Gain) on Disposal of Capital Assets	-	-	-	-	-	-
Net change in non-cash working capital						
Saskatchewan Health - General Fund	3,476,672	(3,318,029)	571,522	-	571,522	1,613,384
Accounts Receivable - Interfund	89,040	(114,372)	-	(89,040)	(89,040)	114,372
Accounts Receivable - Other	(191,137)	(165,863)	303,579	6,599	310,178	(486,728)
Inventories	79,869	99,790	-	-	-	-
Prepaid Expenses	(758,202)	549,494	-	-	-	-
Accounts Payable	851,815	(764,825)	(6,911,276)	-	(6,911,276)	6,304,998
Accrued Salaries and Benefits	(2,543,217)	3,125,122	-	-	-	-
Accrued Vacation	464,083	133,170	-	-	-	-
Deferred Contributions	(20,229)	(72,124)	-	-	-	-
Employee future benefits	2,900	(28,800)				
	3,123,848	790,752	3,041,825	(4,406)	3,037,419	20,450,987
Purchase of Capital Assets	-	-	(6,370,920)	-	(6,370,920)	(15,246,227)
Proceeds from sale of Capital Assets	-	-	-	-	-	-
Net change in Restricted Cash and Investments	428	3,145	-	-	-	-
Purchase of Investments	(565)	(552)	-	-	-	-
Proceeds from Investments	-	-	-	(307)	(307)	-
Proceeds from Loan Receivable	-	-	-	-	-	-
	(137)	2,593	(6,370,920)	(307)	(6,371,227)	(15,246,227)
Repayment of Debt	-	-	(588,342)	-	(588,342)	(577,220)
Proceeds from Capital Lease	-	-	-	-	-	-
	-	-	(588,342)	-	(588,342)	(577,220)
Net Increase (decrease) in Cash Flow	$ 3,123,711	793,345	(3,917,437)	(4,713)	(3,922,150)	4,627,540
Balance of Cash and Short Term Investments						
Balance at beginning of year	$ 7,574,539	7,493,000	7,402,036	2,653,071	10,055,107	4,715,761
Interfund Transfers (Note 15)	(1,284,830)	(711,806)	1,360,310	(75,480)	1,284,830	711,806
Net increase (decrease) in Cash Flow	3,123,711	793,345	(3,917,437)	(4,713)	(3,922,150)	4,627,540
Balance at end of year	$ 9,413,420	7,574,539	4,844,909	2,572,878	7,417,787	10,055,107
Balance at end of year is comprised of:						
Cash and Cash Equivalents	9,413,420	7,574,539	4,844,909	1,352,878	6,197,787	8,855,107
Short Term Investments	-	-	-	1,220,000	1,220,000	1,200,000
Cash and Short Term Investments (Schedule 2)	$ 9,413,420	7,574,539	4,844,909	2,572,878	7,417,787	10,055,107
Supplementary Cash Flow Information						
Interest Paid	$ -	-	150,288	-	150,288	189,028

The accompanying notes and schedules are part of these financial statements

1. Legislative Authority

The Sun Country Regional Health Authority (SCRHA) operates under *The Regional Health Services Act* (the Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sun Country Health Region, under section 27 of *The Act*. The Sun Country Regional Health Authority is a not-for-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. SCRHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These consolidated financial statements have been prepared in accordance with Canadian Public Sector Accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. SCRHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. SCHRA has also adopted section PS3260, Liability for Contaminated Sites, as further explained in Note 17.

a) Health Care Organizations (HCO)

i) SCRHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Weyburn Group Home Society
SMILE
Fillmore Ambulance
Stoughton Ambulance
Supreme Ambulance

Note 13 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows:

St. Joseph's Hospital	Non-profit Corporations Act of Saskatchewan, 1977
Radville Marian Health Centre	Non-profit Corporations Act of Saskatchewan, 1977
The Border-line Housing Company (1975) Ltd.	Non-profit Corporations Act of Saskatchewan, 1977

SCRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, SCRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into SCRHA financial statements. Alternatively, Note 13 b) ii) provides supplementary information on the financial position, results of the operations, and cash flows of the affiliates.

iii) Within SCRHA, there are several foundations that raise money for the benefit of SCRHA. These financial statements do not include the financial activities of the foundations. Alternatively, Note 13 b) iii) provides supplementary information regarding the donations received from the foundations.

2. Significant Accounting Policies - continued

b) Fund Accounting

The accounts of SCRHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received or receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of assets. The capital fund also includes donations designated for capital purposes by the contributor and funding relating to the mortgages. Expenses consist of the amortization of assets, interest expense, and other expenses that qualify for the designated Capital Funding.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to SCRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between SCRHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with life exceeding one year, are amortized on a straight-line or declining balance method over their estimated useful lives as follows:

Buildings	2.5% to 10%
Land and Leasehold Improvements	2.5% to 20%
Equipment	5% to 50%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

2. Significant Accounting Policies - continued

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, and other items. All inventories are held at the lower of cost or net realizable value as determined by the weighted average method.

g) Employee future benefits

i) Pension plan:

Employees of SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, SCRHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

SCHRA provides sick leave benefits for employees that accumulate but do not vest. SCHRA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the Consolidated Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2015 (2014 – none), SCRHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

2. Significant Accounting Policies - continued

j) Replacement Reserves

SCRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation (SHC). Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	2015			2014
	Cost	Accumulated Amortization	Net	Net
Land	$ 677,154	$ -	$ 677,154	$ 677,154
Land Improvements	843,714	721,888	121,826	139,591
Leasehold Improvements	765,796	320,523	445,273	501,437
Buildings	113,704,111	41,611,402	72,092,709	45,325,213
Equipment	18,115,337	14,159,783	3,955,554	3,538,669
Construction in progress	-	-	-	24,555,993
Under Capital Lease:				
Equipment	576,815	569,111	7,704	106,382
	$ 134,682,927	$ 57,382,708	$ 77,300,219	$ 74,844,439

4. Contractual obligations

a) Capital Asset Acquisitions

At March 31, 2015, the commitments for acquisition of capital assets were $56,316 (2014 - $233,581).

b) Capital Infrastructure Projects

At March 31, 2015 the commitments for specific capital infrastructure projects were $3,408,599 (2014 - $410,630).

c) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2016	$ 102,601
2017	$ 87,368
2018	$ 76,422
2019	$ 64,559
2020	$ 14,248

4. Commitments - continued

d) Capital Leases

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

	Equipment	Equipment	Total
Interest rate	0.88%	4.28%	
Expiry date	Jun. 1, 2016	Jan. 1, 2016	
2016	$ 26,327	$ 1,289	$ 27,616
2017	6,581	-	$ 6,581
2018	-	-	$ -
2019	-	-	$ -
2020	-	-	$ -
Total minimum lease payments	32,908	1,289	$ 34,197
Amount representing interest	(192)	(23)	$ (215)
Balance of the obligation	32,716	1,266	$ 33,982
Less: Current Portion	(26,164)	(1,266)	$ (27,430)
	$ 6,552	$ 0	$ 6,552

e) Contracted Health Service Operators

SCRHA continues to contract on an ongoing basis with private health service operators to provide health services in SCRHA similar to those provided in the year ending March 31, 2014. Note 13 b) i) provides supplementary information on Health Care Organizations.

5. Patient and Resident Trust Accounts

SCRHA administers funds held in trust for patients and residents using SCRHA's facilities. The funds are held in separate bank accounts. Funds held in trust are not included in these financial statements. Total funds held in trust are $52,452 (2014 - $48,607).

6. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2015	2014
Newhope Pioneer Lodge CMHC, due May 1, 2021	4.690%	$110,309 principal & interest of which $29,437 is subsidized by SHC. Yielding an effective interest rate of -.014%. Mortgage renewal date - August 1, 2016	$ 590,470	$ 671,291
Willowdale Lodge CMHC, due July 1, 2019	6.875%	$12,772 principal & interest Mortgage renewal date - July 1, 2019	47,830	57,019
Estevan Regional Nursing Home CMHC, due August 1, 2016	5.375%	$15,956 principal & interest Mortgage renewal date - August 1, 2016	21,735	36,118
Estevan Regional Nursing Home CMHC, due January 1, 2023	7.000%	$8,109 principal & interest Mortgage renewal date - January 1, 2023	48,969	53,527
Moose Mountain Lodge CMHC, due October 1, 2026	8.000%	$34,476 principal & interest Mortgage renewal date - October 1, 2026	261,737	275,041
Weyburn Special Care Home CMHC, due April 1, 2019	4.690%	$147,788 principal & interest of which $43,157 is subsidized by SHC. Yielding an effective interest rate of -2.439%. Mortgage renewal date - August 1, 2016	548,750	668,009
Weyburn Special Care Home CMHC, due March 1, 2017	5.375%	$18,732 principal & interest Mortgage renewal date - March 1, 2017	35,480	51,851
Bengough Health Centre CMHC, due September 1, 2018	5.750%	$10,987 principal & interest Mortgage renewal date - September 1, 2018	34,797	43,535
Fillmore Health Centre CMHC, due October 1, 2022	4.320%	$43,557 principal & interest of which $10,866 is subsidized by SHC. Yielding an effective interest rate of .626%. Mortgage renewal date - February 1, 2016	281,478	312,259
Gainsborough Health Centre CMHC, due June 1, 2022	4.320%	$41,469 principal & interest of which $10,030 is subsidized by SHC. Yielding an effective interest rate of .610%. Mortgage renewal date - February 1, 2016	257,920	287,648
Lampman Health Centre CMHC, due September 1, 2021	4.320%	$66,647 principal & interest of which $15,881 is subsidized by SHC. Yielding an effective interest rate of .336%. Mortgage renewal date - February 1, 2016	377,327	426,659
Redvers Centennial Haven CMHC, due January 1, 2018	5.375%	$8,579 principal & interest Mortgage renewal date - January 1, 2018	22,512	29,685
Wawota Deerview Lodge CMHC, due December 1, 2020	2.110%	$98,796 principal & interest in which $1,093 is subsidized by SHC. Yielding an effective interest rate of 1.920%. Mortgage renewal date - January 1, 2019	534,626	621,196
			$ 3,063,631	$ 3,533,838
		Less: Current Portion	489,292	468,270
			$ 2,574,339	$ 3,065,568

6. Mortgages Payable - continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewals occur.

For each of the mortgages, SCRHA has pledged the related buildings as security. Principal repayments required in each of the next five years are estimated as follows:

2016	489,292
2017	502,090
2018	497,024
2019	506,118
2020	376,662
2021 and thereafter	692,445

7. Volunteer Services

The operations of SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

8. Budget

The SCRHA Board approved the 2014-2015 budget on May 28, 2014.

9. Comparative Information

Some items appearing in the statements for the prior year have been reclassified to conform to the presentation used for the current year.

10. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 and 2015-16 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 and 2015-16.

11. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract expired March 31, 2014. The Health Sciences Association of Saskatchewan (HSAS) contract expired March 31, 2013 . The Canadian Union of Public Employees contract is in effect until March 31, 2017.

12. Deferred Revenue

At March 31, 2015	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Care Funding	$ 89,081	$ 84,656	$ -	$ 4,425
Bursary Funding	25,000	25,000	-	-
Youth Drug Detox	4,456	4,456	-	-
Autism	22,045	22,045	-	-
Oral Health Strategy	19,177	461	-	18,716
Endoscopy Software	60,000	46,114	-	13,886
Urgent Care Funding	641,616	501,502	-	140,114
Cataract Funding	-	152,608	175,392	22,784
Compensation	-	-	487,469	487,469
Total Sask Health	$ 861,375	$ 836,842	$ 662,861	$ 687,394
Other Initiatives				
SUN Recruitment & Retention	155,970	648	-	155,322
Other Revenue received in advance	651,637	149,369	303,769	806,037
Total Non Sask Health	$ 807,607	$ 150,017	$ 303,769	$ 961,359
Total Deferred Revenue	$ 1,668,982	$ 986,859	$ 966,630	$ 1,648,753

At March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Care Funding	$ 302,696	$ 213,615	$ -	$ 89,081
Bursary Funding	19,000	19,000	25,000	25,000
Professional Development	7,356	7,356	-	-
Quality Workplace Initiative	103,177	103,177	-	-
Community Supports	5,278	5,278	-	-
Youth Drug Detox	17,621	13,165	-	4,456
Autism	115,128	93,083	-	22,045
Infection Control Initiatives	52,373	52,373	-	-
Recruitment Initiatives	-	-	-	-
Surgical Initiatives	29,141	29,141	-	-
Enhanced Dental Program	30,695	30,695	-	-
Oral Health Strategy	28,900	9,723	-	19,177
Endoscopy Software	60,000	-	-	60,000
Locum Program	62,500	62,500	-	-
Urgent Care Funding	-	170,541	812,157	641,616
Total Sask Health	$ 833,865	$ 809,647	$ 837,157	$ 861,375
Other Initiatives				
SUN Recruitment & Retention	161,814	5,844	-	155,970
LEAN Initiative	5,780	5,780	-	-
Autism Spectrum	2,076	2,076	-	-
Primary Health - Special Projects	100,000	100,000	-	-
Other Revenue received in advance	637,571	217,398	231,464	651,637
Total Non Sask Health	$ 907,241	$ 331,098	$ 231,464	$ 807,607
Total Deferred Revenue	$ 1,741,106	$ 1,140,745	$ 1,068,621	$ 1,668,982

13. Related Parties

These financial statements include transactions with related parties. SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control of the Government of Saskatchewan. SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party balances greater than $50,000 and not shown separately in these financial statements are disclosed below. In addition, SCRHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2015	2014 (Note 9)
Revenues		
Ministry of Health	$ 1,346,673	$ 1,227,825
Saskatchewan Government Insurance	107,672	175,546
Workers' Compensation Board	295,906	271,195
	$ 1,750,251	$ 1,674,566
Expenses		
Canadian Mental Health Association	$ 132,475	$ 131,954
eHealth Saskatchewan	497,133	67,314
Fillmore Ambulance	73,260	73,260
Provincial Public Safety Telecommunications Network	60,424	78,112
Public Employees Pension Plan	313,021	172,405
Radville Marian Health Centre	3,446,140	3,372,674
Regina Qu'Appelle Health Region	161,804	180,116
3SHealth	5,681,034	5,982,443
Saskatchewan Health Employees Pension Plan	12,176,789	11,759,145
Saskatchewan Power Corporation	1,303,321	1,194,022
Saskatchewan Property Management	857,510	834,932
Saskatchewan Telecommunications	753,767	392,446
SaskEnergy Incorporated	697,005	582,795
SMILE Services Inc.	65,886	66,348
St. Joseph's Hospital	18,323,368	17,391,073
Supreme Ambulance (Carlyle)	397,755	397,755
The Border-line Housing Company (1975) Ltd	2,011,238	1,703,424
Weyburn Group Home Society	355,945	358,505
Workers' Compensation Board	2,016,583	1,344,610
	$ 49,324,458	$ 46,083,333

13. a) Related Party Transactions - continued

	2015	2014
Accounts Receivable		
Borderline Housing	58,762	-
Ministry of Health	103,663	131,468
Radville Marian Health Centre	62,584	-
St. Joseph's Hospital	216,241	-
Saskatchewan Association of Health Organizations	136,060	-
Workers' Compensation Board	106,079	53,183
	$ 683,389	$ 184,651
Prepaid Expenses		
Workers' Compensation Board	$ 710,285	$ -
	$ 710,285	$ -
Accounts Payable		
3SHealth	262,200	305,122
Borderline Housing	54,250	-
eHealth Saskatchewan	362,552	-
Ministry of Health	575,639	2,681,149
Saskatchewan Health Employees Pension Plan	903,159	853,801
Saskatchewan Telecommunications	33,186	126,772
Saskatchewan Power Corporation	59,520	69,352
Saskatchewan Property Management	121,329	160,813
SaskEnergy Incorporated	90,093	99,367
St. Joseph's Hospital	284,197	172,710
	$ 2,746,125	$ 4,469,086

Note: Payments to the affiliates may be higher than the grant to affiliates due to other expenses incurred in the normal course of business.

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

SCRHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from SCRHA on a monthly basis in accordance with budget amounts approved annually. During the year, SCRHA provided the following amounts to healthcare organizations.

	2015	2014
Canadian Mental Health Association	$ 127,754	$ 127,754
Fillmore Ambulance	73,260	73,260
SMILE Services Inc.	61,146	61,146
Supreme Ambulance (Carlyle)	397,755	397,755
Stoughton Ambulance	36,000	-
Weyburn Group Home Society Inc.	291,029	291,029
	$ 986,944	$ 950,944

13. b) Health Care Organizations - continued

ii) Affiliates

The Act makes SCRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by SCRHA. SCRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2015	*2014 (Note 9)*
St. Joseph's Hospital	$ 17,583,904	$ 16,531,899
Radville Marian Health Centre	3,446,140	3,374,432
The Border-line Housing Company (1975) Ltd.	2,011,238	1,701,666
Total	$ 23,041,282	$ 21,607,997

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2015 and 2014 and for the years then ended:

	2015	*2014 (Note 9)*
Balance Sheet		
Assets	$ 4,716,709	$ 4,107,379
Net Capital Assets	21,972,740	$ 23,197,243
Total Assets	$ 26,689,449	$ 27,304,622
Total Liabilities	5,614,853	5,337,968
Total Net Assets	21,074,596	21,966,654
Total Liabilities and Net Assets	$ 26,689,449	27,304,622
Results of Operations and Fund Balances		
SCRHA Grant	$ 23,032,574	$ 21,927,669
Other Revenue	5,667,805	$ 5,599,303
Total Revenue	$ 28,700,379	$ 27,526,972
Salaries & Benefits	22,199,316	20,681,238
Other Expenses *	7,393,120	7,415,757
Total Expenses	29,592,436	28,096,995
Excess (Deficiency) Revenue over Expenses	$ (892,057)	$ (570,023)

* Other Expenses includes amortization of $1,627,457 (2014 - $1,645,910)

Cash Flows		
Cash from Operations	$ 977,216	$ 705,487
Cash provided by (used in) Financing Acti	(122,139)	$ (147,468)
Cash provided by (used in) Investing Activ	(402,954)	$ (845,792)
Increase (Decrease) in Cash	$ 452,123	$ (287,773)

* Cash used in Investing Activities includes capital purchases of $402,954 (2014- $871,976)

13. b) Health Care Organizations - continued

iii) Fund Raising Foundations

There are various charitable health foundations throughout the region that raise money on behalf of healthcare organizations in their community. SCRHA has an economic interest in the foundations and may upon agreement with the foundations be the recipient of funds to be used by SCRHA for specific purposes. The foundation's total expenses include the following contributions to SCRHA.

	2015	*2014*
Redvers & District Community Health Foundation Inc.	$ 68,870	$ 791,500
Radville & District Health Centre Foundation Inc.	$ 925,883	$ 1,784,126
Coronach and Area Health Care Foundation	$ -	$ -
Kipling District Health Foundation Inc.	$ 4,094,159	$ 2,412,676
Wawota Health Care Foundation Inc.	$ -	$ -

14. **Employee future benefits**

a) Employees of SCRHA participate in one of the following pension plans:

i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3S Health) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the Saskatchewan Association of Health Organizations (SAHO) Retirement Plan and governed by the SAHO Board of Directors).

ii) The Public Employees' Pension Plan (PEPP) (a related party) – This is a defined contribution plan and the responsibility of the Province of Saskatchewan.

SCRHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. The pension expense is included in Compensation – Benefits in Schedule 1 and is equal to SCRHA contribution amount below.

	2015	2015		2014
	SHEPP	PEPP	Total	Total
Number of active members	1,562	17	1,579	1,593
Member contribution rate, percentage of salary	8.1 - 10.7 % *	5 - 7 %*		
SCRHA contribution rate, percentage of salary	9.07 - 11.98 % *	6 - 7 %*		
Member contributions (thousands of dollars)	5,740	76	5,816	5,244
SCRHA contributions (thousands of dollars)	6,429	77	6,506	5,864

*Contributions rate varies based on employee group.

1. Active members are employees of the SCRHA, including those on leave of absence as of March 31, 2015. Inactive members are not reported by the SCRHA, their plans are transferred to SHEPP and managed directly by them.

On January 1, 2014 pension plan contribution rates increased as a result of recent deficiencies in the plan. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio 1.12 to 1. Contribution rates will continue to be adjusted until the next actuarial reports are completed.

14. Employee future benefits - continued

b) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. SCHRA has completed an actuarial valuation as of March 31, 2015. Key assumptions used as inputs into the actuarial calculation are as follows:

	2015	2014
Discount Rate	1.90%	2.85%
Rate of inflation	0% - 2 %	0% - 2 %
(other significant assumptions as per actuarial valuation)		

	2015	2014
Accrued benefit obligation, beginning of year	$ 3,654,000	$ 3,682,800
Cost for the year	$ 602,300	$ 604,200
Benefits paid during the year	$ (599,400)	$ (633,000)
Accrued benefit obligation, end of year	$ 3,656,900	$ 3,654,000

15. Interfund Transfers

Each year SCRHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2015			2014		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Purchases	$ (760,452)	$ 810,932	$ (50,480)	$ (165,981)	$ 250,810	$ (84,829)
Mortgage principle & interest	(526,062)	526,062	-	(504,433)	504,433	-
SHC reserves - Allocation	(105,448)	105,448	-	(105,488)	105,488	-
SHC reserves - R & M	157,133	(157,133)	-	119,560	(119,560)	-
EMS Vehicle Allocation	(50,000)	75,000	(25,000)	(50,000)	75,000	(25,000)
EPC Purchases	-	-	-	(5,464)	5,464	-
	$ (1,284,829)	$ 1,360,309	$ (75,480)	$ (711,806)	$ 821,635	$ (109,829)

16. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

SCRHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board ensures that SCHRA has identified its major risks and ensures that management monitors and controls them. The Board oversees the SCHRA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit Risk

SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. SCRHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2015	2014
Cash and short-term investments	$ 16,836,487	$ 17,635,354
Accounts receivable		
Ministry of Health - General Revenue Fund	178,415	4,226,609
Other	3,627,767	3,746,808
Investments	20,090	19,218
	$ 20,662,759	$ 25,627,989

SCHRA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. SCHRA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect SCRHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

SCHRA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of SCHRA. SCRHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

16. Financial Instruments - continued

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose SCHRA to cash flow interest rate risk. SCHRA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. SCRHA's mortgages payable outstanding as at March 31, 2015 and 2014 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

e) Liquidity risk:

Liquidity risk is the risk that SCHRA will not be able to meet its financial obligations as they become due.

SCHRA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, SCRHA has a cash balance of $16,831,207 (2014 - $17,629,646).

f) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  Accounts receivable
  Interfund loan
  Accounts payable
  Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

- The fair value of mortgages payable before the repayment required within one year, is $3,201,905 (2014 - $3,701,214) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

16. Financial Instruments - continued

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investment, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For the financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgement and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs. There were not items measured at fair value using level 3 in 2015 or 2014.

There were no items transferred between levels in 2015 or 2014.

	2015			2014		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Investments	$ -	$ 1,812,418	$ 1,812,418	$ -	$ 1,903,067	$ 1,903,067
Mortgages payable	$ -	$ 2,574,339	$ 2,574,339	$ -	$ 3,063,631	$ 3,063,631

g) Operating Line of Credit

SCRHA has a line of credit limit of $1,000,000, of which none was drawn. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand. No interest was paid on the line-of-credit in 2015 and 2014.

17. Changes in Accounting Policy

Effective April 1, 2014, SCRHA adopted prospectively the new PS3260 Liability for Contaminated Sites standard. This section established standards on how to account for and report a liability associated with the remediation of contaminated sites. Contaminated sites are a result of contamination being introduced into air, soil water or sediment of a chemical, organic or radioactive material or live organism that exceeds the maximum acceptable concentrations under an environmental standard. This standard only applies to operations that are no longer in productive use, or where an unexpected event occurs that has caused contamination. A liability for remediation of contaminated sites is recognized when all of the following criteria are met:

- an environmental standard exists;
- contamination exceeds the environmental standard;
- the RHA:
  - is directly responsible; or
  - accepts responsibility
- the RHA expects that future economic benefits will be given up; and
- a reasonable estimate of the amount can be made.

The adoption of the new PS 3260 standard has not resulted in any changes to the measurement and recognition of liabilities in SCRHA's 2015 financial statements.

Schedule 1

Schedule of Expenses by Object

	Budget 2015 (Note 8)	Actual 2015	Actual 2014 (Note 9)
Operating:			
Advertising & public relations	$ 142,354	134,115	153,289
Board costs	120,549	68,301	95,616
Compensation - Benefits	17,029,799	16,711,354	16,647,815
Compensation - Employee Future Benefits	-	2,900	(28,800)
Compensation - Salaries	82,556,451	84,119,678	82,884,471
Continuing education fees & materials	265,187	300,130	307,780
Contracted-out services - Other	1,012,543	986,229	971,145
Diagnostic imaging supplies	17,250	10,114	14,303
Dietary supplies	139,350	159,586	155,015
Drugs	467,975	409,408	353,193
Food	1,400,092	1,482,400	1,406,539
Grants to ambulance services	521,015	507,015	471,015
Grants to health care organizations & affiliates	21,413,554	23,242,157	21,610,476
Housekeeping & laundry supplies	329,033	329,415	339,297
Information technology contracts	676,800	644,632	525,837
Insurance	247,386	407,523	361,284
Interest	13,571	17,453	14,829
Laboratory supplies	639,661	603,979	632,708
Medical & surgical supplies	1,708,903	1,741,161	1,612,438
Medical remuneration & benefits	6,634,559	6,728,150	6,275,335
Meetings	37,321	67,457	87,573
Office supplies & other office costs	916,892	1,030,264	867,197
Other	281,957	414,746	314,197
Professional fees	1,733,265	2,575,363	2,345,163
Prosthetics	-	-	-
Purchased salaries	718,392	645,324	641,764
Rent/lease/purchase costs	891,159	1,260,733	1,206,464
Repairs & maintenance	1,828,677	2,861,494	3,083,520
Supplies - Other	535,483	308,654	275,947
Therapeutic supplies	14,274	76,789	39,402
Travel	1,524,186	1,603,628	1,614,575
Utilities	1,847,608	2,248,572	2,095,800
Total Operating Expenses	**$ 145,665,246**	**151,698,723**	**147,375,187**
Restricted:			
Amortization of Capital Assets		$ 3,915,140	3,084,787
Grants to Third Parties		279,054	477,450
(Gain) Loss on Disposal of Capital Assets		-	
Mortgage Interest Expense		148,278	185,290
Other		594,203	254,295
		$ 4,936,675	**4,001,822**

(See accompanying notes)

Schedule 2

Schedule of Cash and Investments

	Fair Value	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS				
Externally Restricted Investments (Schedule 3)				
Cash and Short Term				
Chequing and Savings				
Affinity Credit Union	$ 4,816,894			
Conexus Credit Union	547,108			
CIBC	-			
Prairie Pride Credit Union	357,526			
RBC Investment Account	64,814			
Royal Bank - Money Maker Plus	29,692			
Royal Bank	41,651			
	$ 5,857,685			
Term Deposit				
Conexus Credit Union	$ 1,020,000	April 29, 2015	2.000%	2.000%
Prairie Pride Credit Union - Term Certificates	200,000	August 20, 2015	1.800%	1.800%
	$ 1,220,000			
Total Cash & Short Term Investments	$ 7,077,685			
Long Term				
Conexus Credit Union - equity	$ 2,660			
Total Long Term Investments	$ 2,660			
Total Externally Restricted Investments	$ 7,080,345			
Internally Restricted Investments (Schedule 4)				
Cash and Short Term				
CIBC Money Market Fund	$ 120,105			
Affinity Credit Union	225,277			
Total Cash & Short Term Internally Restricted Investments	$ 345,382			
Unrestricted Investments				
Cash and Short Term				
Affinity Credit Union	8,915,508			
CIBC Money Market Fund	497,912			
Total Cash & Short Term Investments	$ 9,413,420			
Long Term				
Co-op Equity	17,430			
Total Unrestricted Investments	$ 9,430,850			
Total Investments	$ 16,856,577			
Restricted and Unrestricted Totals				
Total Cash & Short Term	$ 16,836,487			
Total Long Term	$ 20,090			
Total Investments	$ 16,856,577			

*Restricted Investments consist of :

- Community generated funds transferred to the SCRHA and held in the community Trust Fund (Schedule 3); and

- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund (Schedule 4).

(See accompanying notes)

Schedule 3

Schedule of Externally Restricted Funds

Community Trust Fund

Trust Name	Balance Start of Year (Note 9)	Investment & Other Revenue	Donations	Expenses	Withdrawals	Balance End of Year
Fillmore Area Trust Fund	$ 136,160	106	-	(139)	-	136,127
Gainsborough Area Trust Fund	572,953	-	1,295	(15,428)	(40,000)	518,820
Lampman Area Trust Fund	97,597	16,825	1,922	(7,549)		108,795
Midale Area Trust Fund	1,559,756	26,689	224,080	(202,513)	(35,480)	1,572,532
Oxbow Area Trust Fund	161,363	1,500	36,827	(5,611)		194,079
	$ 2,527,829	**45,120**	**264,124**	**(231,240)**	**(75,480)**	**2,530,353**

Capital Fund Balances

	Balance Start of Year (Note 9)	Investment & Other Revenue	Capital Funding & Donations	Expenses	Transfer to Investment in Capital Fund	Balance End of Year
Arcola Health Centre	$ 48,999	511	10,000	(46,417)	-	13,093
Ministry of Health Capital Funding (Note 4)	644,210	-	3,932,000	(1,111,295)	-	3,464,915
Ministry of Health New Construction Funding (Note 4)	1,861,212	14,347	1,525,907	(2,606,035)	-	795,431
Moose Mountain Lodge	28,115	235		(8,243)	-	20,107
Weyburn General Hospital Building	680,881	8,100	8,190	-	-	697,171
Weyburn General Hospital Equipment	411,985	4,819	-	(25,358)	-	391,446
Other communities	84,446	461	63,444	(124,398)		23,953
Other communities -Buildings	-	-	963,293	(868,454)	-	94,839
	$ 3,759,848	**28,473**	**6,502,834**	**(4,790,200)**	**-**	**5,500,955**

(See accompanying notes)

Schedule 4

Schedule of Internally Restricted Fund Balances

	Balance beginning of year	Investment income allocated	Annual Allocation from unrestricted fund	Transfer to unrestricted fund expenses	Transfer in investment in capital asset fund balance	Balance end of year
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
Replacement Reserves						
Bengough Health Centre	$ 90	1	6,540	(6,631)	-	-
Weyburn Special Care Home	3,450	52	44,968	(48,470)	-	-
Estevan Regional Nursing Home	2,029	31	15,500	(17,560)	-	-
Newhope Pioneer Lodge	9,000	136	10,000	(19,136)	-	-
Wawota Deerview Lodge	-		7,745	(7,745)	-	-
Carlyle Moose Mountain Lodge	-		8,235	(8,235)	-	-
Kipling Willowdale Lodge	5,389	82	6,500	(11,971)	-	-
Redvers Centennial Haven	-		6,000	(6,000)	-	-
Other						
Emergency Medical Services Vehicles	-		75,000	(75,000)	-	-
Capital Acquisitions	299,168	2,170	171,252	(132,488)	-	340,102
Total Capital Internally Restricted Fund Balances	**319,126**	**2,472**	**351,740**	**(333,236)**	**-**	**340,102**
Operating Internally Restricted Fund Balances						
Quality Workplace	5,708	74	-	(502)	-	5,280
Total Operating Internally Restricted Fund Balances	**5,708**	**74**	**-**	**(502)**	**-**	**5,280**
Total Internally Restricted Fund Balances	**$ 324,834**	**2,546**	**351,740**	**(333,738)**	**-**	**345,382**

Emergency Medical Services Vehicles

The SCRHA internally restricts $50,000 (2014 - $50,000) per year, as financial resources permit, for the replacement of Ambulances.

The Midale Area Trust Fund donated $25,000 (2014 - $25,000) for the replacement of Ambulances in Weyburn or Estevan.

(See accompanying notes)

Schedule 5

Board Member Remuneration

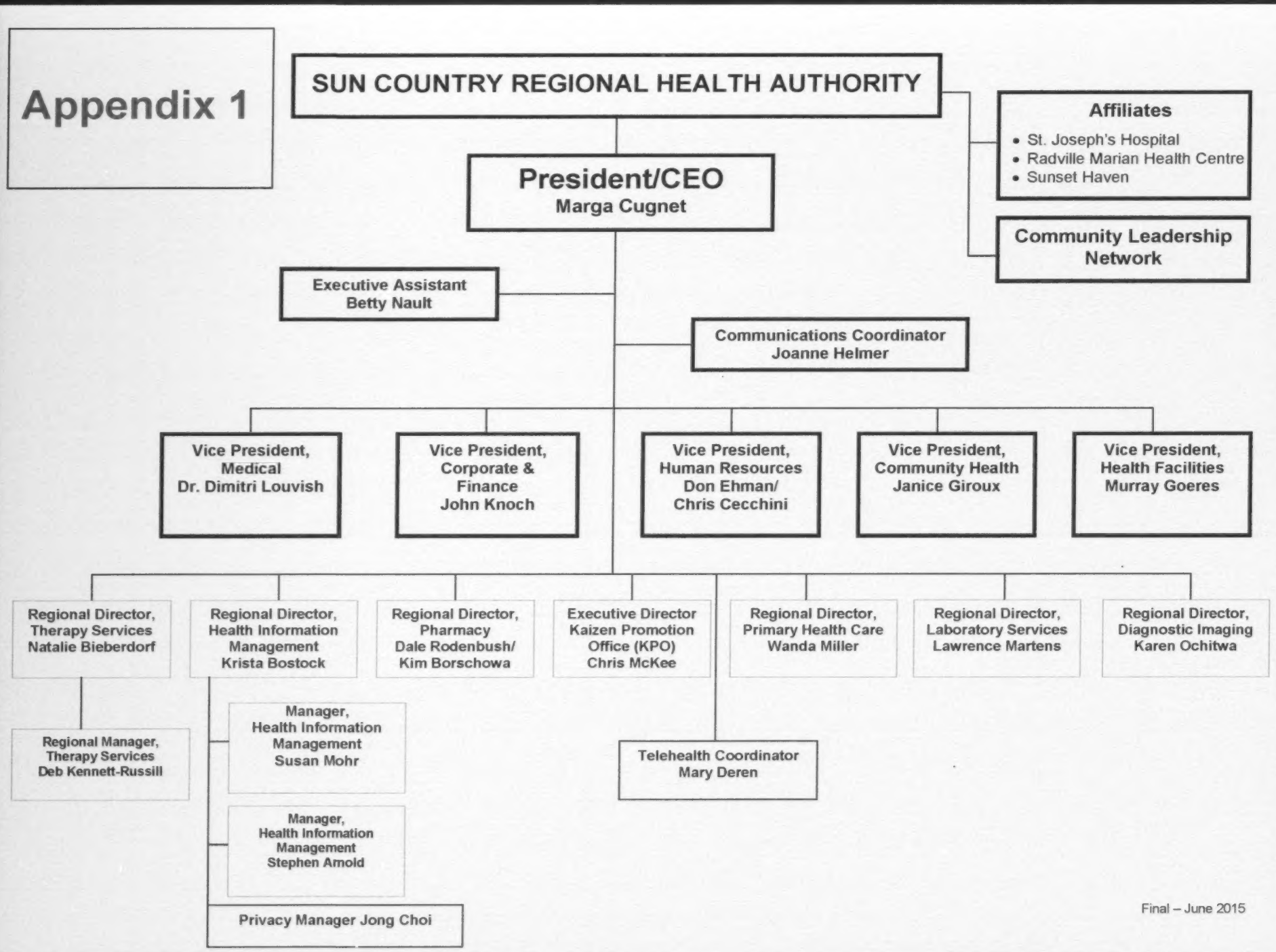
Board Members	March 31, 2015 Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2015 Total	March 31, 2014 2014 Total
Arthur, Alan J.	$ -	$ 1,225	$ 625	$ 809	$ -	$ -	$ 2,659	$ 4,488
Bauche, Sharon R.		200	100	148	-	-	448	11,416
Brickley, Robert		1,800	788	1,180	-	-	3,768	3,645
Carr, Lori		5,200	1,825	1,997	-	172	9,194	10,083
Charlton, Marilyn	9,960	8,756	3,226	3,110	-	927	25,979	31,284
Rodine, Derrell		4,100	1,750	2,475	-	-	8,325	10,025
St. Onge, Gary		3,613	1,350	1,952	-	-	6,915	8,569
Stephenson, Karen		6,063	1,225	578		181	8,047	10,888
Trombley, Audrey		2,463	725	849		16	4,053	7,068
Total	$ 9,960	$ 33,420	$ 11,614	$ 13,098	$ -	$ 1,296	$ 69,388	$ 97,486

Senior Management Salaries, Benefits, Allowances, and Severance

Senior Employees	March 31, 2015 Salaries (1)	Benefits and Allowances (2)	Sub-total	Severance Amount	Total	March 31, 2014 Salaries, Benefits & Allowances	Severance	Total
Marga Cugnet, CEO	273,290		273,290		273,290	256,267	-	256,267
John Knoch, VP Finance & Corporate Services	178,825		178,825		178,825	149,070	-	149,070
Janice Giroux, VP Community Programs	179,798		179,798		179,798	170,945	-	170,945
Christopher Cecchini, VP Human Resources (3)	87,320	400	87,720		87,720	-	-	-
Don Ehman, VP Human Resources (3)	86,399		86,399		86,399	169,360	-	169,360
Alain Lenferna, VP Medical (4)	-		-		-	222,118	-	222,118
Murray Goeres, VP of Facilities	179,878	400	180,278		180,278	169,242	-	169,242
	$ 985,510	$ 800	$ 986,310	$ -	$ 986,310	$ 1,137,002	$ -	$ 1,137,002

(1) Salaries include regular base pay, overtime, honoraria, sick leave and merit or performance pay, lump sum payments, and any other direct cash remuneration.
Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2015 and will be reflected in the year paid.
Refer to Note 10 for further details.
(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee.
This includes taxable: professional development, education leave, education pay, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. as well as any other taxable benefits.
(3) Christopher Cecchini started as VP Human Resources August 18, 2014, replacing Don Ehman, who resigned effective May 16, 2014.
(4) Dr. Alain Lenferna vacated the VP Medical position on September 15, 2013.

Appendix 1



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Appendix 2

Sun Country Regional Health Authority
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2015

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payment for salaries, wages, honorariums, etc. which total $50,000 or more

ABU LIBDA, WALEED	67,751
ACHEN, SHEILA	53,352
ADAMS, DIANA	50,422
ADEDIJI, TEMILADE	66,416
AIKENS, TERESA	54,237
AKINS, JOCELYN	68,659
AKINS, SHENAN	109,342
AL SALOM, PIERRE	51,319
ALBERTS, JANET	56,884
ALEJO, ELNA	53,037
ALELUNAS, PAT	115,117
ALEXANDER, DEVONN	63,243
ALEXUS, SHANNON	97,242
ANDERSON, CAROL	78,893
ANDERSON, TROY	76,862
APPERLEY, RACHELLE	86,982
ARNOLD, STEPHEN	75,148
ASHWORTH, CHRISTINE	74,426
AVERY, SHELLEY	69,983
BAHT, JODI	61,376
BAKALUK, RANDALL	77,752
BAKKEN, AMANDA	88,456
BALOG, KRISTIN	93,136
BARATH, TERRI	75,985
BARDSLEY, GEORDAN	111,233
BARNABAS, IDA	114,058
BARSI, DOROTHY	88,518
BARTLETT, AMANDA	51,609
BARTLETT, DELEE	95,192
BATT, SHELLEY	58,302
BATTERS, SHARON	77,473
BAUMAN, SHAUNA	52,735
BAUMANN, SHAUNA	90,919
BAUN, SHERI	72,190
BEAHM, JAN	71,674
BEARE, DEBRA	50,431
BEATTIE, KELLY	104,771
BEAUDOIN, TRINA	83,495
BEAUDRY, DEBORAH	93,152
BECKER, RIKKI	70,076
BEDORE, AMANDA	69,657
BEDORE, TRACY	67,975
BELARMINO, JEANELYNN	51,677
BELKE, BRADLEY	123,237
BENJAMIN, DANIELLE	51,868
BENSON, TERRY	62,659
BERTALON, KARIN	50,636
BIEBERDORF, NATALIE	109,760
BIRCH, JASMINE	72,586
BIRNIE, ARLA	68,459
BISS, DARLENE	51,057
BISSON, DARLENE	51,619
BISTA, HATSUE	68,693
BLACKSTOCK, BERNIE	102,880
BOCIAN, LINDA	50,281
BODE, JEAN	95,023
BORGEN, VALORIE	50,962
BORSCHOWA, KIMBERLEY	88,250
BOSTOCK, KRISTA	89,960
BOURHIS, KAREN	61,046
BOUTIN, FRANCES	52,961
BOUVIER, LAURA	66,183
BOYES, BROOKE	52,243
BOYKO, STACEY	54,511
BRAATEN, LUCILLE	75,224
BRESCIANI, DOUGLAS	129,605
BROOKS, TINA	50,339
BROWN, CAROL	81,043
BROWN, DIANNE	51,223
BROWN, JUDITH	85,002
BROWN, KELLY	98,577
BRUDER, EVELYN	50,025
BRUMFIELD, BARRY	77,001
BRUNEAU, LACEY	67,095
BRUNEAU, LOUISE	91,462
BUCHAN, TANYA	84,059
BUCKINGHAM, JOAN	77,619
BUMSTEAD, LARRY	73,783
BURDAN, EVAN	91,741
BURGESS, SUSAN	71,928
BURNETT, LORELEI	55,916
BYE, CANDY	139,977
CACHO, DENNIS	66,419
CACHO, MARTHA	57,440
CAMERON, TERON	83,899
CAMERON, VALERIE	73,361
CANCADE, AMANDA	76,754
CAOUETTE, ASHLEY	83,003
CASALMER, REA	50,062
CECCHINI, CHRISTOPHER	87,320
CELA, EVE	55,901
CHASE, KATRINA	54,458
CHICOINE, AMANDA	72,810
CHOI, JONG	66,393
CHURKO, CHERYL	62,841
CLARK, COLIN	59,922

CLARK, SUSAN	58,406
CLARKE, BRENDA	52,138
CLAUDE, MIKE	89,125
CLAY, DANA	100,729
COAD, SUSAN	51,705
COBB, LENORA	112,747
CODERRE, LORNA	55,409
CODERRE, TERRI	53,532
COFFEY, LOIS	113,101
CONRAD, DIANA	59,198
COONEY, DONNA	124,964
COONEY, JESSICA	51,489
COONEY, KRISTINE	85,205
CORLEY, ROSY	64,691
CORNISH, KEVIN	55,901
CORNISH, MARNELL	107,364
COTE, VANESSA	61,870
CRAIG, LORIE	102,195
CRASSWELLER, PATRICIA	90,112
CROSS, GLENDA	56,084
CROSS, KENNETH	76,008
CROSS, SHANNON	109,126
CUDDINGTON, DENISE	55,439
CUGNET, MARGARET	273,290
CUTLER, JENNA	76,476
DAENCKAERT, VERONICA	73,274
DAKU, JEAN	130,847
DAMMANN, MARIE	51,959
DANYLUK, SYLVIA	110,236
DASCHUK, ERICA	74,409
DAVIS, BOBBI JO	55,161
DAVIS, CATHERINE	71,515
DAVIS, DONNA	88,797
DAVIS, KATHY	107,635
DAY, CARMEN	59,888
DAYMAN, MONICA	95,437
DE VRIES, LOELDINE	50,167
DELA CRUZ, GLENY	98,355
DELA CRUZ, MIA	52,010
DERAIN, GINA	55,426
DEREN, MARY	80,734
DEROOSE, JUDITH	111,170
DEVRIES, LORIE	50,683
DEVRIES, MEGAN	52,069
DEW, HEATHER	68,844
DEWALD, LAURA	79,937
DEWIT, LYNDSAY	101,874
DICKIE, BARRY	59,282
DIXON, JEANNETTE	78,477
DIXON, PATRICIA	52,220
DOMES, DAWNE	69,091
DONALD, TRISHA	74,731
DORGAN, RENEE	65,859
DORSCH, HELENE	95,170
DROZARIO, CHRISTINE	157,874
DRUCK, AMANDA	51,197
DSOUZA, LAVINA	52,928
DUCKARMIE, TRISHA	51,820
DUFFUS, LINDA	108,671
DULTRA, ROSANA	51,098
DUNCAN, ALISON	120,755
DUSYK, LISA	71,018
DYCK, DAVID	75,247
DZUBA, BONNIE	60,386
EAGLES, MARNELL	50,928
EALEY, PAULA	69,411
EARL, SHAUNA	65,660
EASTON, COLLEEN	132,986
EBEL, JANET	73,694
EDDY, CHARLES	93,134
EDDY, KELLY	67,324
EDWARDS, MELANIE	72,198
EDWARDS, WANDA	50,504
EHMAN, DON	86,399
ELIAS WHITE, JENNIFER	93,950
FARNDEN, JOANNE	122,251
FARRELL, NANCY	63,116
FEDAK, STEPHANIE	88,071
FERGUSON, MARILYN	73,662
FESZCZYN, AMIE	83,196
FICHTER, GLENDA	81,467
FICHTER, TAMARA	73,608
FIOLA, HIEDI	73,408
FISH, KELLY	91,806
FISHER, JULIA	89,018
FISTER, VALERIE	83,183
FITZPATRICK, JENNA	96,347
FLOREK, LISA	73,510
FLOYD, KAREN	60,434
FOLBAR, SHELLEY	56,205
FOLEY, JILLIAN	75,518
FOLEY, MINDY	67,703
FORD, NICOLA	92,334
FORNWALD, JUDITH	86,322
FORSETH, SHARON	57,658
FOWLER, CONSTANCE	51,836
FOX, MARVIN	88,783
FRAZER, REJEANNE	62,622
FRECON, CHRISTA	69,455
FRECON, WENDY	50,508
FREEMAN, BRENDA	94,131
FREY, ANGELA	82,081
FRITZ, TAMRA	51,605
FURGASON, DEANDRA	59,711
GABRIEL, MAUREEN	100,678
GAETZ, KIMBERLY	63,603
GAETZ, SAMANTHA	70,399
GAMBLE, LESLIE	51,911
GAMMACK, M. RUTH	55,861
GARDOQUE, VILMA	50,663
GARVEY, CARON	94,504
GATZKE, VIVIAN	52,041
GAUDRY, SUSAN	79,558
GECOSALA, CYNTHIA	124,737
GEORGE, DANIELLE	51,297
GERVAIS, ANGELA	54,447
GERVAIS, TAMMY	54,978
GERVERO, MAYSUNFE	111,422
GESSNER, KATHLEEN	74,663
GIBSON, SUZANNE	81,883
GILCHRIST, MICHELLE	72,495
GIRARDIN, THERESA	105,439
GIROUX, JANICE	179,798
GLAB, JOHNNIE	60,198
GOERES, MURRAY	179,878
GOLD, DAWN	80,236
GOODFELLOW, ERIN	92,481
GORDON, BRITTANY	98,560
GREENING, DIANE	54,649
GREENING, JEFFERY	104,237
GRIMES, SHEENA	88,749
GROENVELD, CLAYTON	57,548
GUECO, GLENDA	52,344
GUENTHER, CRYSTAL	94,951
GUILLOUX, EDITH	56,689
GYMAN, DEANNA	99,976
HAATVEDT, SHANNON	65,447
HACK, TRACY	89,067
HAGEL, AMANDA	77,346
HAINES, PATRICIA	51,189

HALE, KENDRA	71,871
HALLBERG, KARI	86,459
HAMILTON, SALLY	82,419
HAMMELL, LAURIE	106,129
HANCHUK, KRISTEN	72,502
HAND, ARLENE	62,882
HANSON, JUDY	66,583
HARTNESS, MELANIE	62,193
HASSLER, AMY	63,695
HASSLER, DONNA	50,598
HASSLER, KARISSA	79,347
HAUGLUM, JOANN	88,968
HAUGLUM, TERRY	99,795
HAUGLUM, VERNA	55,213
HAUPSTEIN, PAMELA	116,373
HAUS, BONNIE	78,324
HELFRICK, BARBARA	72,301
HELMER, JOANNE	93,755
HENDERSON, HEATHER	57,915
HENGEN, CARRIE	65,085
HENRION, LORRAINE	52,225
HEPP, MELANIE	96,664
HERMAN, COLLEEN	72,192
HERMANN, HOLLEY	90,187
HEWITT, PATRICIA	55,383
HILL, CAROLINE	61,123
HILL, CONTESSA	52,648
HILL, G RONALD	104,508
HILL, JENNIFER	66,096
HILL, LAURIE	90,815
HILL, MARILYN	96,518
HIZON, MELISSA	103,954
HJERTAAS, NAOMI	104,771
HODGSON, HOLLY	104,369
HODGSON, SAVANNAH	63,602
HOFFART, DEANNA	76,901
HOFFART, RICHARD	55,287
HOFFART, SHELLEY	95,293
HOFFORT, REANNE	74,158
HOFLAND, TAMMY	111,369
HOIUM, CYNTHIA	104,771
HOIUM, FAYE	67,787
HOLLOWAY, GISELE	50,932
HOLTZ, STACEY	79,497
HOUSTON, NORA	92,435
HOWSE, KEITH	88,890
HUEL, TANIA	101,665
HUISH, HAYLEY	86,493
HUMPHRIES, CANDACE	50,326
HUTT, CHERYL	83,947
IRWIN, SARA	104,664
ISLEIFSON, BERTHA	77,074
JENSEN, CHRISTOPH	104,746
JENSEN, SHIRLEY	67,764
JENSEN, TRENT	77,156
JOHN, NEETHU	87,993
JOHNER, JOANNE	65,648
JOHNSON, EILEEN	78,638
JOHNSON, JOANNE	82,083
JOHNSON HALLBERG, LISA	88,630
JONASSEN, LOUANNE	90,049
JONES, RICHELLE	81,168
JUNK, KARIN	51,600
KANNADA PURAYIL, PRASEETHA	52,484
KAPELL, RILLA	50,671
KATSCHKE, LORNA	70,163
KAUF, BERT	53,682
KAVALENCH, VANESSA	61,009
KEATING, JOSELENE	74,177
KEHLER, ANITA	95,211
KENNETT RUSSILL, DEBRA	82,161
KESSLER, PATRICIA	111,079
KETURAKIS, MARY JANE	78,961
KINGDON, STACI	78,982
KINSLEY, CINDY	54,265
KISH, TOMMI	78,163
KITCHEN, DONNA	75,300
KLEPPE, CRYSTAL	73,013
KLEPPE, LAURIE	64,449
KLEVEN, SUNDAE	50,848
KNEBUSH, RAMONA	68,540
KNIBBS, DAWN	55,705
KNIBBS, RELNA	72,271
KNOCH, JOHN	178,825
KNOX, JENNY	72,337
KNUPP, DEBBIE	56,605
KOBITZ, SHEILA	80,932
KOPEC, BRYN	51,669
KOPEC, CANDACE	91,100
KOPECK, SARAH	65,593
KOSIOR, DEBORAH	105,026
KOSIOR, RAQUEL	83,310
KOT, GRACE	67,761
KRAEMER, ELAINE	76,788
KRAEMER, MAUREEN	84,388
KRUEGER, SHERYLANN	50,918
KUNTZ, BARB	59,812
KUNTZ, CORINNA	73,923
KWOCHKA, TAMMY	73,513
KYRYLCHUK, JUDY	101,303
LABATTE, JANA	72,311
LABRECQUE, STACI	55,729
LACOSTE, TARRYN	54,274
LAFRENTZ, JORY	59,771
LAMONTAGNE, SHIRLEY	96,478
LAMOUREUX, DONNA	108,323
LANKTREE, CARRIE	71,682
LANSDELL, LANA	58,258
LAROCQUE, KAYLEN	66,091
LARSEN, JULIE	55,665
LARSEN JAMES, NANCY	93,257
LARSON, JODY	70,784
LARSON, LORETTA	53,104
LARSON, SHEILA	92,532
LAWRENCE, LEANNE	81,390
LEBERSBACK, MELISSA	69,073
LEBLANC, LEANNE	61,252
LEBLANC, MONICA	69,692
LEE, COLLEEN	83,298
LEE, MICHAEL	132,783
LEEPART, KATE	61,855
LEQUYERE, TRACY	50,816
LESY, JENNA	74,292
LESY, VAUNE	72,434
LEVEY, JODY	53,184
LISKA, MALORA	52,657
LITTLECHIEF, TARA	99,208
LITTLEMORE, JILL	70,176
LIZUCK, CHANTEL	50,843
LOCKE, KENDALL	80,342
LODEN, CATHERINE	91,150
LONECHILD, JEANNIE	50,642
LONGLEY, YVETTE	61,633
LUECK, SHELLEY	61,612
LUKYE, VICTORIA	65,142
LUSCOMBE, MICHELLE	94,873
LUTERBACH, COLLEEN	81,914
LYONS, DANIEL	51,662
MAAS, SUSAN	58,684

MACKINNON, HEATHER	54,283
MACPHEE, ALLAN	92,881
MALLORY, JOSEPHINE	90,913
MANNS, DANIEL	78,251
MANTEI, LANA	102,818
MARCOTTE, VANESSA	118,140
MARSHAK, ESTHER	79,808
MARSHALL, GWENDA	100,216
MARSHALL, PAULINE	57,342
MARTENS, LAWRENCE	118,092
MATSALLA, DONNA	84,075
MATTE, JESSICA	97,897
MATTHEWS, ERICA	71,925
MAY, PATRICIA	73,954
MC GONIGLE, DONNA	67,621
MCCALLUM, TRENT	95,829
MCCANNELL, MEGAN	75,377
MCCLARTY, LEILA	132,986
MCEWEN, KELLY	52,645
MCFADDEN, KATHY	91,742
MCKAY, MONA	74,443
MCKEE, CHRISTOPHER	105,372
MCLEOD, IRENE	98,571
MCNEIL, KATHERINE	58,384
MEGENBIR, CAMILLE	92,814
MEGENBIR, JOHN	82,062
MEHL, DEVANEY	55,485
MEYER, MITCHELL	89,496
MILLER, JOAN	105,403
MILLER, TROY	88,850
MILLER, WANDA	104,883
MILLER HERTES, SHELLEY	104,883
MILTON, JULIE	107,325
MITTEN, MICHELE	108,186
MOFFAT, LORIE	53,162
MOHR, SUSAN	82,084
MONTEBON, ELEANOR	53,006
MOORE, DONNA	56,205
MORRIS, ALISON	94,749
MORROW, CARL	55,834
MULHALL, SHARON	94,150
MURRAY, JOHN	76,160
NANKIVELL, CARRIE	70,620
NAULT, BETTY	68,036
NEDDOW, DEBBIE	53,026
NEISZ, BERNICE	62,683
NEISZNER, HOLLY	54,062
NELSON, NAOMI	53,881
NEUBERGER, CORTNEY	62,056
NICHOLS, LARISSA	61,790
NICHOLSON, NOLA	75,689
NICOL, SARAH	104,238
NIMEGEERS, DEANNA	77,519
OBST, DEBORAH	104,771
OCHITWA, KAREN	104,883
OLFERT, LARRY	82,000
OLSON, BRENT	77,431
OLSON, DENISE	72,182
OLSON, WENDY	86,429
ONSTAD, DELINDA	84,575
OXELGREN, SONIA	87,819
PADOL, AMELNAH	93,227
PANTELUK, LORI	58,759
PARADIS, PAULINE	55,263
PASLAWSKI, JOCELYN	53,183
PATTERSON, DELLA	50,191
PATTERSON, JENNIFER	55,765
PEDERSEN, ANDREW	97,146
PELZER, JACKLYN	53,235
PENNEY, KIMBERLY	87,629
PERRAS, JOELLE	83,762
PETERSEN, LEAH	89,422
PETERSON, CAROLYN	76,776
PETERSON, CHELSEY	69,409
PETO, ALISHA	56,476
PETZEL, LORNA	87,337
PHILLIPS, AUTUMN	89,922
PICK, PAMELA	95,986
PIERCE COLBOW, DEANNA	87,853
PIERSON, KELLY	84,142
PINGERT, RHONDA	56,612
PLESSIS, ROSE	92,735
PLEWES, CHERYL	54,228
PONCE, VERONICA	65,539
PORTER, LYNETTE	71,327
POSPISIL, NONA	62,802
PRAGNELL, JESSICA	90,955
PRAGNELL, TEAGAN	70,416
PRATT, MELINDA	88,776
PRYZNYK, SHAWN	93,148
PULFER, NANCY	74,190
PURVIS, DIANA	106,182
QUIN, FE	57,432
QUITIONG, ELMAR	81,889
RAIWET, TANIA	94,640
RAJOTTE, TERRI	114,124
RAPITTA, CARMEN	66,703
RAYMOND, DAWN	51,070
REDPATH, LARRY	50,207
RELUCIO, LORNA	51,044
RESPETO, MARJORIE	50,345
RESTAU, FLORIE	58,013
RICHARDSON, BEATRIZ	54,921
RING, KRISTEN	83,782
ROBINSON, BRADLEY	87,715
ROCHAT, MARK	82,062
ROGERS, JOAN	54,714
ROGERS, JOEL	87,454
ROMANOW, THERESA	112,531
ROMMANN, NIKI	89,774
RONQUILLO, YVONNE	116,077
ROR, LINDA	104,883
ROR, LISA	99,451
ROTHWELL, TRACEY	77,865
ROWE, EVELYN	98,150
ROY, JASON	88,206
ROY, RICHARD	66,652
RUDY, MICHELLE	77,875
RUSSELL, SUSAN	61,069
RUTTEN, WHITNEY	96,723
SALMERS, MARLENE	78,585
SAUNDERS, LESLIE	99,248
SAUTER, KRISTEN	67,274
SAWIN, LORNA	102,796
SCHAFFER, MARY ANNE	67,120
SCHARNATTA, COLLEEN	76,907
SCHENHER, JANINE	65,317
SCHINDEL, KIMBERLY	87,997
SCHINDEL, SHARON	74,393
SCHMIDT, DEBBIE	83,359
SCHMIDT, JASON	84,229
SCHMIDT, LAURIE	72,741
SCHMIDT, LENNA	67,662
SCHMIDT, STEPHANIE	92,425
SCHNELL, CARRIE	58,187
SCHUETTE, KATHIE	52,479
SCHULTZ, LORRIE	86,393
SETRUM, CHARMAINE	73,899
SEVERSON, JANET	50,195
SHAVER, NORMA	94,400

SHAW, GAIL	52,978
SHAY, DEBBIE	99,817
SHELSTAD, CAROL	91,742
SHEPPARD, DEBBIE	76,702
SHERROW, HEATHER	51,299
SHIELS, LAURIE	51,408
SHUKIN, SUSANNE	55,276
SHYIAK, NATASHA	91,493
SIM, TWYLA	89,929
SJARE, MIKE	90,937
SJOSTRAND, JANICE	102,147
SKIBA, JUDY	50,869
SMITH, JUDY	52,699
SMITH, SHERRI	58,175
SMYTH, SHANNON	51,970
SNIDER, DIETA	66,166
SOVDI, COLLEEN	78,282
SOVDI, JUDITH	94,641
SPARK, JACKIE	55,926
SPEERS, LAURENDA	83,805
SPRECKEN, JASON	67,884
SQUIRE, DUANE	51,745
STAIRMAND, CINDY	53,591
STAMM, CHARLOTTE	54,759
STANKEWICH, MARK	80,865
STEELE, KATHLEEN	53,945
STEIN, BRENDA	93,833
STEININGER, LIVIA	58,085
STEININGER, TERRY	104,830
STEPHANY, GENE	94,230
STEWART, SHEENA	94,920
STOLZ, CELINE	95,885
STRELIEFF, HELEN	59,024
STROMBERG, JORDAN	60,232
STRUBLE, ANNAMARIE	84,907
STUBEL, MONIKA	66,353
SUGCAY, AVIGUEL	50,428
SUGDEN, MAXINE	60,026
SWIRE, CRYSTAL	63,256
SYDIAHA, DARRELL	60,054
SYMES, MARY	55,389
SZAKACS, SHEILA	72,591
TAMINAYA, CHRISTOPHER	55,099
TAN, JULIUS	94,403
TAN, MARY ANN	51,385
TAYLOR, KERI	67,643
TEDFORD, GARRY	76,911
TENDLER, AMBER	51,899
TESTER, CHRISTINE	93,128
THERA, SHIRLEY	73,386
THIESSEN, MARY	54,630
THOMPSON, LAURA	74,747
THOMSON, SCOTT	99,295
THUEN, DEBORAH	100,718
TOMILIN, LEIGH	62,935
TOURAND, DENISE	80,816
TREBLE, MELVINA	56,926
TRELEAVEN, CAROL LEE	54,482
TREMBLAY, LARAINE	73,334
TRUMAN, KEVIN	69,040
TRUSCOTT, TRENT	87,505
TUAZON, ELIZABETH	91,697
TULLOCH, LORI JEAN	104,883
UHREN, RANDY	75,805
ULMER, KIM	74,657
ULMER, THERESA	80,194
URBAN, JENNET	54,873
UY, ENGILBERT	77,554
VALENTINE, DIANNA	61,172
VALENTINE, TERESA	53,211
VAN DER BREGGEN, GEORGE	81,579
VATAMANIUCK, LENORA	57,671
VEROBA, SARAH	95,416
VEYSEY, ALYSSA	51,098
VIERGUTZ, SUSAN	89,900
VOGEL, JEANNE	52,865
WAGNER, JANICE	83,396
WALBAUM, DIANE	57,535
WALL, RHONDA	94,776
WARD, COREEN	114,186
WARNER JOHANSON, SHEILA	71,302
WAROMA, KRISTIN	81,604
WARREN, NANCY	65,053
WATCHMAN, TAMMY	69,854
WATLING, JOSEPHINE	77,507
WATSON, ANDREA	79,883
WATSON, BRANDY	61,902
WATSON, FELECIA	87,782
WATSON, HEIDI	67,741
WATSON, ROD	84,176
WEATHERALD, SHIRLEY	50,006
WEBB, BEVERLEY	92,935
WEED, BRITTNEY	76,269
WEIMER, KATHY	55,505
WESTERHAUG, STACEY	62,382
WHEELER, SHIRLEY	106,858
WHITE, REBECCA	77,844
WHYTE, DERRICK	98,158
WICK, VANESSA	62,929
WIDDIFIELD, CHARLOTTE	59,473
WIEBE, ANGELA	53,541
WILSON, LINDA	104,771
WILSON, TANNIS	55,957
WILTON, KELLY	77,796
WING, GRAHAM	58,753
WINTERS, JOANNE	53,439
WOOD, LAURA	118,332
WORMAN, KAREN	55,070
WRIGHT, BARBARA	70,683
WRIGHT, BERNADETTE	104,744
WYATT, MARNELLE	83,600
WYSMAN, PAUL	75,209
YAREMKO, ALANNA	72,184
YATES, PAULA	53,807
YOUNG, CHENOA	91,950
ZABOLOTNEY, KIM	59,194
ZADOROZNIAK, ECHO	70,988
ZAMBORY, TRACY	133,533
ZELIONKA, TIFFANY	61,229
ZIMMERMAN, SHIRLEY	74,536
ZIMMERMAN, TANYA	75,268
ZYLA, JILL	72,318

Transfers

Listed by program are transfers to recipients who received $50,000 or more.

Borderline Housing Co. Inc.	1,701,666
Canadian Mental Health Association	127,754
Fillmore Ambulance	73,260
Radville Marian Health Centre	3,374,432
SMILE Services Inc.	65,146
St. Joseph's Hospital	16,538,847
Supreme Ambulance (Carlyle)	397,755
Weyburn Group Home Society Inc.	291,029

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services including office supplies, communications, contracts and equipment.

Access Communications	76,290
All-Pro Environmental Contracting	177,198
Alltech Electric Inc.	112,931
Amadasun, Dr. Eghosa	94,820
Beckman Coulter Canada Inc.	115,335
Bersch & Associates Ltd.	116,006
Bofoya, Dr. Boyale	271,376
Business Furnishings	65,292
C J Meyer Medical P.C., Inc.	457,123
Cardinal Health Canada Inc.	366,391
Charis Medical	62,507
City of Weyburn	127,894
CPDN	74,688
Cummins Western Canada	63,827
Dr. Farzana Timol Medical Professional Corporation	158,710
Dr. G. B. Suberu Medical	439,313
Dr. Theo N. Brown Medical Professional Corporation	226,609
eHealth Saskatchewan	74,807
Ejeckam, Dr. Adanna C.	88,903
Ekladious, Dr. Sameh	85,569
Erhaze, Dr. Sylvester	378,722
Estevan Primary Medical Centre	144,023
Fong, Dr. Philip	248,462
Freydoonnejad, Dr. Aliakbar	361,548
Ghaly, Dr. Fady	90,447
Grand & Toy Office Products	110,600
Hill-Rom Canada Ltd.	140,624
Hiroc Insurance Services Ltd.	159,801
Horri, Dr. Mehdi	85,278
Hospira Healthcare Corporation	139,349
Hudson, Dr. Shauna	192,828
IBM Canada Ltd.	1,924,733
Insight Canada Inc.	207,239
Jackson Lekota Medical Professional Corporation	189,033
Johnson & Johnson Medical Products	273,537
Kairos Medical Professional Corporation	465,642
Kreate Architecture & Design Ltd.	60,338
Langeni, Dr. Msikazi	277,254
Ledcor Construction Ltd.	6,886,481
Logibec Inc.	55,200
MacPherson Leslie & Tyerman	87,694
Makiwane, Dr. Unati	350,067
Marsh Canada Ltd.	396,850
McKesson Canada	101,904
McKesson Distribution Partners	74,449
MHPM Project Managers Inc.	338,065
Minister of Finance	954,076
Narouz, Dr. Lilian	82,585
Oberholzer & N.W. Helms, Dr.'s	55,291
Olympus Canada Inc.	64,395
Oneworld Accuracy Inc.	64,840
Osondu, Dr. Chinwe	149,146
Ovueni, Dr. Michael Efe	289,141
Phillips Healthcare	123,248
Pratt's Wholesale Sask Ltd.	101,291
Radiology Associates of Regina	410,362
Regina Qu'Appelle Health Region	221,537
Saputo Dairy Products Canada	127,107
Saskatchewan Power Corporation	1,205,650
Saskatchewan Telecommunications	402,001
SaskEnergy Incorporated	583,897
Schaan Healthcare Products	691,956
Sheikh, Dr. K.	85,078
Siemens Healthcare Diagnostics Ltd.	137,298
St. Joseph's Hospital	1,611,867
Soko, Dr. Phinda	196,953
Stantec	414,056
Stevens Company Ltd.	94,141
Stewart, Dr. Boyd	77,202
Stryker	64,572
Suncor Energy Products Partnership	79,234
Sysco Food Services West Inc.	981,066
Telsec Property Corporation	443,789
The Border-line Housing Company (1975) Ltd.	326,786
T.L. Penner Construction Inc.	3,582,205
Town of Carlyle	61,565
Tyco Healthcare Canada Inc.	68,442
VanMar Constructors 1055 Inc.	10,181,123
Vipond Fire Protection Inc.	260,408
Vitalaire Healthcare	56,607
WBM Office Systems Ltd.	67,281
Wood Wyant Canada Inc.	130,678
Yekinni, Dr. Idris	71,326

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Canadian Union of Public Employees Employment Strategy Committee	98,706
Canadian Union of Public Employees Local 5999	857,542
Golden Opportunities Fund	191,973
Great West Life Assurance Company	510,253
Health Sciences Association of Saskatchewan	124,950
London Life	77,903
Public Employees Pension Plan	172,671
Receiver General for Canada	21,959,619
Sask Works Venture Fund Inc.	213,010
Saskatchewan Association of Health Organizations	5,712,583
Saskatchewan Healthcare Employees Pension Plan	10,905,459
Saskatchewan Registered Nurses' Association	127,714
Saskatchewan Union of Nurses	355,103
Saskatchewan Workers' Compensation Board	672,305